

INVOICE

Business Name

Coach Name
Street Address
City, State, ZIP

Invoice #: [000]
Date: [Date]
Due Date: [Date]

Bill To:

Client Name
Email Address
Phone Number

Description	Qty/Hrs	Rate	Amount
Nutritional Consultation & Meal Planning	0	\$0.00	\$0.00
Personal Training Session(s)	0	\$0.00	\$0.00
Monthly Fitness App Access	0	\$0.00	\$0.00
<hr/> Subtotal: \$0.00 Tax: \$0.00			
<hr/> Total: \$0.00			

Payment Instructions:

Please make payment via [Bank Transfer/PayPal/Card].
Thank you for your commitment to your health and fitness!