

[TRAINER NAME]

[Business Address/Email/Phone]

INVOICE

Bill To:

[Client Name]
[Client Email]
[Client Address]

Invoice Details:

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

Service Description	Platform/Method	Rate	Total
Virtual Fitness Consultation (60 Min)	[Zoom/Skype/etc]	\$0.00	\$0.00
Initial Assessment & Movement Screening	Virtual	\$0.00	\$0.00
Personalized Goal Setting & Program Outline	Digital Delivery	\$0.00	\$0.00

Subtotal: \$0.00

Tax: \$0.00

Amount Due: \$0.00

Payment Instructions: [PayPal/Venmo/Bank Transfer Details]

Notes: Please provide 24-hour notice for cancellations. Thank you for your business.