

# PERFORMANCE INVOICE

[Coach/Business Name]

[Address Line 1]

[Email/Phone]

**Invoice #:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Due Date:** \_\_\_\_\_

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## ATHLETE / CLIENT

[Client Name]

[Organization/Team]

[Address Line 1]

## PAYMENT INFO

Account: [Account Name/ID]

Method: [Zelle/Wire/Check]

DATE	SERVICE DESCRIPTION	QTY/HRS	RATE	TOTAL
	[e.g., Private Strength & Conditioning Session]			
	[e.g., Biomechanical Assessment / Video Analysis]			
	[e.g., Monthly Programming & Nutrition Plan]			

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Subtotal: \$0.00

Tax/Fees: \$0.00

Amount Due: \$0.00

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**Notes:** Please include invoice number with payment. All training sessions require 24-hour notice for cancellation.

*Thank you for your commitment to excellence.*