

INVOICE

Certified Fitness Professional

INVOICE # [000]
DATE [DD/MM/YYYY]

TRAINER INFORMATION [Trainer Name/Business Name]

[Certification Body & ID]

[Address Line 1]

[Email / Phone]

CLIENT INFORMATION [Client Name]

[Address Line 1]

[Address Line 2]

[Phone]

Description of Service	Date/Session	Rate	Amount
[Personal Training / Group Class]	[Date/Time]	\$0.00	\$0.00
[Program Design / Consultation]	[Date]	\$0.00	\$0.00

Subtotal: \$0.00

Tax: \$0.00

Total: \$0.00

PAYMENT INSTRUCTIONS [Accepted Payment Methods: Venmo, Zelle, Bank Transfer, Check]
[Payment Terms: e.g., Due within 7 days of receipt]

Thank you for your commitment to your health and fitness!