

INVOICE

Instructor Name: _____

Email: _____

Phone: _____

INVOICE #: _____

DATE: _____

BILL TO:

Studio/Gym Name: _____

Address: _____

Date	Class Name / Description	Duration	Rate	Total

GRAND TOTAL: \$ _____

PAYMENT INSTRUCTIONS:

Please pay via _____ (Venmo/Zelle/Check)

Account Details: _____

Thank you for the opportunity to teach!