

PERSONAL TRAINING

[Your Name / Business Name]
[Street Address]
[City, State, Zip]
[Phone Number]

INVOICE

Invoice #: _____
Date: _____
Due Date: _____

BILL TO:

[Client Name]
[Client Address]
[Client Email/Phone]

Description of Service	Qty/Hrs	Rate	Amount
Personal Training Session - [Date/Type]		\$	\$
Personal Training Session - [Date/Type]		\$	\$
Nutritional Consultation / Program Design		\$	\$

Description of Service	Qty/Hrs	Rate	Amount
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Subtotal: \$ _____

Tax: \$ _____

Total Amount: \$ _____

Payment Instructions:

Please make checks payable to [Business Name] or pay via [App/Method].

Thank you for your business and dedication to your fitness goals!