

[INSTRUCTOR NAME]

[Phone Number]
[Email Address]
[Website/Social]

INVOICE

[0000]
Date: [Date]

CLIENT

[Client Name]
[Client Address]
[Phone Number]

Payment Terms

Due Date: [Date]
Method: [Zelle/Venmo/Bank Transfer]

| Description | Qty/Sessions | Rate | Amount |
|---|--------------|--------|--------|
| [Service Name - e.g., 1-on-1 Personal Training] | [0] | \$0.00 | \$0.00 |
| [Service Name - e.g., Nutrition Consultation] | [0] | \$0.00 | \$0.00 |

Subtotal: \$0.00
Discount: (\$0.00)
Total Amount: \$0.00

Notes: Please provide 24-hour notice for cancellations. Sessions expire [00] days from date of purchase.

Thank you for your commitment to your fitness!