

# INVOICE

**Trainer:** [Trainer/Business Name]  
[Email Address]  
[Website/Social Handle]

**Invoice #:** [000]  
**Date:** [Date]

**Bill To:**  
[Client Name]  
[Client Email]

**Platform:** [Zoom / Google Meet / Skype]

Session Description	Date/Time	Rate	Amount
Virtual Personal Training - [Duration]	[Date/Time]	\$0.00	\$0.00
Virtual Personal Training - [Duration]	[Date/Time]	\$0.00	\$0.00

**Total Due: \$0.00**

**Payment Instructions:** [PayPal / Venmo / Bank Transfer details]

*Cancellation Policy: Please provide 24-hour notice for rescheduling or cancellations.*