INVOICE

Trainer: [Full Name / Business Name]

Certification ID: [Number]

[Phone Number] | [Email Address]

Invoice #: [0001]

Date: [MM/DD/YYYY]

BILL TO:
[Client Name]
[Client Address]
[Client Phone]

Description	Quantity/Hours	Rate	Amount
Personal Training Session (1-on-1)	[0]	$0.00	$0.00
Nutrition Consultation / Program Design	[0]	$0.00	$0.00
Monthly Gym Membership Access Fee	[0]	$0.00	$0.00

Subtotal: $0.00

Tax: $0.00

Total Due: $0.00

Payment Instructions:
Please remit payment via [Zelle / Venmo / Bank Transfer] to: [Payment Details]
Due Date: [MM/DD/YYYY]

Thank you for your commitment to your fitness goals!