INVOICE

[Fitness Provider Name]
[Street Address]
[City, State, Zip]

Invoice #: [00000]
Date: [Month DD, YYYY]
Due Date: [Month DD, YYYY]

BILL TO:

[Corporate Client Name]
[Contact Person Name]
[Department]
[Street Address]

PROGRAM REFERENCE:

[Program Name/ID]
[Billing Period]

Description of Services	Qty/Units	Rate	Total
Corporate Membership Subsidies	0	$0.00	$0.00
On-site Group Fitness Classes	0	$0.00	$0.00
Wellness Workshop / Seminar	0	$0.00	$0.00
Personal Training Sessions	0	$0.00	$0.00

Subtotal: $0.00
Tax: $0.00

Total Due: $0.00

PAYMENT INSTRUCTIONS:

Please make checks payable to **[Fitness Provider Name]**. For ACH transfers, please use Account: [Number] Routing: [Number].

Thank you for investing in your employee's health and wellness.