INVOICE

[Instructor/Studio Name]
[Address Line 1]
[City, State, Zip]
[Phone/Email]

Invoice #: [0000]
Date: [MM/DD/YYYY]

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

Class Description / Date	Sessions	Rate	Amount
Group Fitness - [Class Type Name]	[0]	$0.00	$0.00
Group Fitness - [Class Type Name]	[0]	$0.00	$0.00

Total Due: $0.00

Payment Instructions: [e.g., Pay via Bank Transfer, PayPal, or Cash]

Notes: [e.g., Thank you for your business! Please pay within 7 days.]