INVOICE

[Consultant Name/Business]
[Address Line 1]
[Phone Number]
[Email Address]

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

Bill To:

[Client Name]
[Client Address]
[Client Email]

Payment Method:

[PayPal / Bank Transfer / Card]

Service Description	Qty/Hours	Rate	Amount
Initial Weight Loss Consultation	1	$0.00	$0.00
Weekly Coaching Session	0	$0.00	$0.00
Customized Meal/Workout Plan	1	$0.00	$0.00

Subtotal: $0.00

Tax (0%): $0.00

Total Due: $0.00

Thank you for choosing [Business Name] to support your health journey!

Please make all checks payable to [Payee Name].