INVOICE

Coach Name/Company
Address Line 1
City, State, Zip
Email / Phone

Invoice #: _____
Date: _____
Due Date: _____

Bill To:

Client Name
Company Name
Address Line 1
City, State, Zip

Date	Session Description	Hours	Rate	Total

Subtotal: $_____

Tax: $_____

Total Amount Due: $_____

Payment Instructions:
Please make checks payable to [Coach Name] or pay via [Online Payment Method].

Thank you for your commitment to your professional growth.