

# ESTIMATE / INVOICE

**[Instructor/Studio Name]**

[Address Line 1]

[City, State, Zip]

[Email/Phone]

**Date:** [Date]

**Estimate #:** [0000]

**Valid Until:** [Date]

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## Client / Organization:

[Client Name]

[Department/Contact]

[Address Line 1]

[City, State, Zip]

## Class Details:

**Program:** [e.g., Corporate Yoga/HIIT]

**Frequency:** [e.g., Weekly/One-time]

**Location:** [On-site/Virtual]

Description of Service	Quantity / Sessions	Rate per Session	Total
[Class Type/Name] - [Duration]	[0]	[\$[0.00]]	[\$[0.00]]
Travel / Equipment Rental Fee	[1]	[\$[0.00]]	[\$[0.00]]
Additional Participant Surcharge (> [X] people)	[0]	[\$[0.00]]	[\$[0.00]]

Subtotal: \$[0.00]  
Tax: \$[0.00]  
Grand Total: \$[0.00]

**Terms & Conditions:**

1. [e.g., 24-hour cancellation policy applies.]
2. [e.g., Payment due within 15 days of service.]
3. [e.g., Please make checks payable to "Instructor Name".]