

SERVICE ESTIMATE

Coach: [Coach Name/Business Name]
[Email Address]
[Phone Number]

Estimate #: [000]
Date: [MM/DD/YYYY]
Valid Until: [MM/DD/YYYY]

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

Program:
[Program Name/Duration]

Service Description	Quantity/Hrs	Rate	Amount
[Health Coaching Sessions]	[0]	\$0.00	\$0.00
[Custom Meal Plan / Assessment]	[0]	\$0.00	\$0.00
[Resource Guides & Support]	[0]	\$0.00	\$0.00

Subtotal: \$0.00
Tax/Discount: \$0.00

Estimated Total: \$0.00

Notes & Terms:

This is an estimate for services rendered. Prices are subject to change if the scope of work is modified. Payments are typically processed via [Payment Method]. Please sign or reply via email to approve this estimate.