

ESTIMATE / INVOICE

[Business Name]

[Phone / Email]

Date: _____

No: _____

CLIENT INFORMATION

Name: _____

Goal: _____

PROGRAM DURATION

Start Date: _____

End Date: _____

Service Description	Qty/Weeks	Rate	Amount
Customized Nutrition Plan & Macro Tracking			
Personal Training Sessions / Programming			
Supplementation Protocol & Consultation			
Weekly Check-ins & Adjustments			
		Subtotal: _____	
		Tax: _____	
		Grand Total: _____	

TERMS & CONDITIONS

1. Estimates are valid for 30 days. 2. Full payment is required before plan delivery. 3. No refunds on digital nutrition guides. 4. 24-hour cancellation notice required for training sessions.