

ESTIMATE INVOICE

Private Fitness Instruction

DATE
[Date]

ESTIMATE #
[0000]

TRAINER / PROVIDER

[Trainer Name/Studio]

[Address Line 1]

[Phone / Email]

CLIENT / STUDENT

[Client Name]

[Address Line 1]

[Phone / Email]

Description of Service	Rate	Qty	Total
[Service Name: e.g. 1-on-1 Personal Training Session]	\$0.00	0	\$0.00
[Service Name: e.g. Custom Nutrition Plan]	\$0.00	0	\$0.00
[Service Name: e.g. Travel/Facility Fee]	\$0.00	0	\$0.00
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Subtotal	\$0.00		
Tax (0%)	\$0.00		
Estimated Total	\$0.00		

NOTES & TERMS

This estimate is valid for [00] days. Full payment is required prior to the commencement of lessons. Cancellation requires 24-hour notice to avoid forfeiture of session fee.