INVOICE

[Coach/Company Name]
[Street Address]
[City, State, Zip]
[Email/Phone]

WEIGHT LOSS COACHING SUBSCRIPTION

Invoice #: [0000]
Date: [Date]
Due Date: [Date]

Bill To:
[Client Name]
[Client Address]
[Client Email]

Description	Billing Period	Rate	Amount
Monthly Coaching Subscription: [Plan Name] (Includes: Meal Plans, Weekly Check-ins, App Access)	[Start Date] - [End Date]	$[0.00]	$[0.00]
Add-on: [Custom Macro Supplement/Personal Training]	-	$[0.00]	$[0.00]

Subtotal: $[0.00]

Tax: $[0.00]

Total Amount Due: $[0.00]

Payment Instructions: [Link to Payment Portal / Bank Transfer Details]

Thank you for choosing us to assist in your health journey!

Note: This subscription will automatically renew on [Date] unless cancelled.