

INVOICE

[Trainer/Business Name]

[Address/Contact]

Invoice #: _____

Date: _____

BILL TO

[Client Name]

[Organization/Team]

[Address]

PAYMENT DETAILS

Due Date: _____

Payment Method: _____

Date	Service Description (Session/Taping/Rehab)	Rate	Amount

Subtotal: \$ _____

Travel/Supplies: \$ _____

Total Due: \$ _____

Notes: _____

Please make checks payable to [Provider Name]. Thank you for your business.