

INVOICE

[Invoice Number]

[Fitness Studio Name]

[Street Address]
[City, State, Zip]
[Email/Phone]

BILL TO:

[Client Name]
[Client Address]
[Client Phone/Email]

Date Issued: [Date]

Payment Due: [Date]

Description (Class Name / Date)	Qty/Sessions	Rate	Amount
[Class Type - e.g., Yoga, HIIT, Pilates]	[0]	[\$0.00]	[\$0.00]
[Class Type]	[0]	[\$0.00]	[\$0.00]

Subtotal: [\$0.00]

Tax: [\$0.00]

TOTAL DUE: \$[0.00]

Payment Methods: [Venmo / PayPal / Cash / Check]

Notes: Thank you for training with us! Please note there is a 24-hour cancellation policy.