

INVOICE

Trainer: [Your Name/Business]

[Street Address]
[City, State, Zip]

Invoice #: [000]

Date: [MM/DD/YYYY]

Due Date: [MM/DD/YYYY]

BILL TO:

[Client Name]
[Client Address]
[Client Email]

Description	Quantity/Hrs	Rate	Amount
[Personal Training Session / Package]	[0]	\$0.00	\$0.00
[Nutrition Consultation / Program]	[0]	\$0.00	\$0.00

Subtotal: \$0.00

Tax: \$0.00

Total: \$0.00

Payment Instructions: [e.g., Venmo, PayPal, Bank Transfer Details]

Terms: Please pay within [X] days. Cancellations require [X] hours notice.

Thank you for your hard work and commitment!