

INVOICE

[Gym Name / Trainer Name]
[Address Line 1]
[City, State, Zip]
[Phone Number]

INVOICE NUMBER [000]
DATE [Month DD, YYYY]

BILL TO:

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

PAYMENT TERMS:

Due upon receipt

Session Date	Description	Duration	Rate	Amount
[Date]	Private Personal Training Session	[60 min]	\$0.00	\$0.00
[Date]	Private Personal Training Session	[60 min]	\$0.00	\$0.00
[Date]	Nutritional Consultation	[30 min]	\$0.00	\$0.00

Subtotal: \$0.00

Tax: \$0.00

Total Balance Due: \$0.00

Payment Methods: [Venmo / Zelle / Bank Transfer Info]

Thank you for your hard work and commitment to your fitness goals!