INVOICE

Certified Fitness Professional

[Business Name]
[Professional Name, Certification Initials]
[Phone Number]
[Email/Website]

Client:
[Client Name]
[Client Address]
[Client Phone]

Invoice #: [000]
Date: [MM/DD/YYYY]
Due Date: [MM/DD/YYYY]

Description of Service	Qty/Hrs	Rate	Amount
[Personal Training Session - 60 Min]	[0]	$[0.00]	$[0.00]
[Nutritional Consultation]	[0]	$[0.00]	$[0.00]
[Custom Workout Programming]	[0]	$[0.00]	$[0.00]

Subtotal: $[0.00]
Tax: $[0.00]

Total: $[0.00]

Payment Instructions:
[Venmo/PayPal/Zelle/Bank Info]

Thank you for your commitment to your health and fitness goals!