INVOICE

Personal Training Services

Invoice #: _____

Date: _____

Trainer Details:
[Name/Business Name]
[Address Line 1]
[Phone / Email]
Client Details:
[Client Name]
[Address Line 1]
[Phone / Email]

Description of Sessions	Qty	Rate	Amount
1-on-1 Personal Training Session		$	$
Training Package / Monthly Retainer		$	$
Customized Nutrition/Programming Fee		$	$

Subtotal: $_____

Tax: $_____

Total Due: $_____

Payment Instructions:

[Venmo / Zelle / Bank Transfer Details]

Notes: Payment is due within [X] days. Please note the 24-hour cancellation policy.

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