INVOICE

[Instructor Name/Business Name]

[Address Line 1]
[City, State, Zip]
[Email/Phone]

Invoice #: ___________

Date: ___________

BILL TO:

[Client Name]
[Client Address]
[Phone Number]

PAYMENT DUE:

[Date]

Service Date	Description (Session Type)	Duration	Rate	Amount

Subtotal: $___________

Tax/Fees: $___________

TOTAL DUE: $__________

Payment Methods:

[Venmo/PayPal/Zelle/Bank Details]

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