INVOICE

[Business Name]
[Address Line 1]
[Email/Phone]

Invoice #: _____
Date: _____
Due Date: _____

CLIENT INFORMATION

[Client Full Name]
[Phone Number]
[Health/Program ID]

PROGRAM DETAILS

Trainer: _____
Specialization: _____
Duration: _____

Service Description	Qty/Sessions	Rate	Amount
[Exercise Session/Consultation]			
[Custom Program Design]			
[Equipment/Nutritional Plan]			

Subtotal: $0.00

Tax/VAT: $0.00
Total Due: $0.00

Payment Instructions: [Bank Details / PayPal / Check Info]

Notes: [Refund policy or next assessment date]