INVOICE

Invoice #: _____
Date: _____

TRAINER / BUSINESS INFO

[Trainer Name/Business]
[Street Address]
[City, State, Zip]
[Email/Phone]

BILL TO

[Client Name]
[Client Address]
[Client Email]

Description	Qty / Hours	Rate	Amount
Virtual 1-on-1 Training Session		$	$
Customized Monthly Workout Plan		$	$
Nutrition Coaching / Consultation		$	$

Subtotal: $_____
Tax/Fees: $_____

Total Due: $_____

PAYMENT INSTRUCTIONS

Please remit payment via [PayPal/Venmo/Zelle/Bank Transfer] to: **[Payment Details]**
Due Date: [Date]

Thank you for your commitment to your health and fitness!