[Company Name]

Name: [Name]

Street Address: [Street Address]

City, State: [City, State] ZIP Code: [ZIP Code]

Phone: [Phone] E-mail: [E-Mail]

PERSONAL TRAINER INVOICE

Invoice # [No]	Date: May 17, 2023
111000 11 [110]	Bato. May 17, 2020

Client / Customer

Name: [Name]

Street Address: [Street Address]

City, State: [City, State] ZIP Code: [ZIP Code]

Description	Hours	\$ / Hours	Amount (\$)

[Comments or Special Instructions]

Payment is due within [Number (#)] days.

SUBTOTAL	
DISCOUNT	
TAX	
TOTAL	

Thank you for your business!