

# One-Time Fitness Assessment Invoice

Invoice Number: \_\_\_\_\_

Date: \_\_\_\_\_

Billed To: \_\_\_\_\_

Description	Quantity	Unit Price	Amount
One-Time Fitness Assessment	1	\$ _____	\$ _____
		<b>Subtotal</b>	\$ _____
		Tax	\$ _____
		<b>Total</b>	\$ _____

Notes:

Payment Instructions: