

Fitness Instruction Service Invoice

Invoice #:

Trainer Name:

Invoice Date:

Client Name:

Service Description	Session Date	Hours	Rate	Amount
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Total:

Notes:

Thank you for choosing our fitness instruction services!