

Fitness Coaching Billing Statement

Client Name:

Billing Date:

Billing Period:

Description	Sessions	Rate	Amount
Personal Training Session	<input type="text"/>	<input type="text"/>	<input type="text"/>
Nutrition Consultation	<input type="text"/>	<input type="text"/>	<input type="text"/>
Group Training Session	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total			<input type="text"/>

Notes:

Thank you for your business!