

# RECEIPT

Receipt No:

Date:

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## TRAINER / FACILITY

Name:

Address:

Phone:

Email:

## CLIENT DETAILS

Client Name:

Member ID:

Phone:

Email:

DESCRIPTION OF TRAINING SERVICES	QTY/HRS	RATE	AMOUNT

### Payment Method

Cash

Credit Card

Check

Bank Transfer

Notes/Ref:

Subtotal

Tax / VAT

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**Total Paid**

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Trainer Signature

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Client Signature

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Thank you for your commitment to your health and fitness goals!