



Fit-X San Diego
Session Reporting and Paywork Sheet

Client Name _____
(First and Last)

Address or Phone Change _____

Trainer Name _____
(First and Last)

Pay Period _____

Notes _____

Day & Date	Time	Site Code	Session Charge	Client Initial	-Less Premium	Total Charge	Split %	Trainer Pay	+Cancel \$	+ Travel \$
1			\$			\$		\$		
2			\$			\$		\$		
3			\$			\$		\$		
4			\$			\$		\$		
5			\$			\$		\$		
6			\$			\$		\$		
7			\$			\$		\$		
8			\$			\$		\$		
9			\$			\$		\$		
10			\$			\$		\$		

ADDITIONAL PURCHASES

A \$	AA \$	B \$	C \$	D \$
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ITEM	Quantity	Cost Per Item	Client's Total Purchase
		\$	G \$
		\$	G \$

Trainer Grand Total Owed Equals = B + C + D	
E	\$
Total Training Services Equals= A + C + D	
F	\$

CLIENT PAYMENTS RECEIVED THIS PERIOD:

Date	Credit Card Amt	Check #	Cash	Amount Paid

Total Charges For All Items Equals= F + G	
\$	

Credit Card Information:

Card # _____ Type: Visa MC AMEX Disc. (circle one)

Exp. Date _____ House # _____ Zip Code: _____

Security code (3 digits) _____

I authorize Fit-X San Diego to charge my credit card on file for the services and purchases as listed above.

Signature _____

Date: _____