

Fitness Express

PT Client Session/Payment Sheet

Trainer Name _____

(First and Last)

Client Name _____ Address or Phone Change _____

(First and Last)

Pay Period _____

Notes _____

Day/Date	Time	Source Code	Total Session \$	Clt Initial	(-) Premium	Equals	Split %	= \$	+Cancel \$	+Travel\$
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										

\$
A

\$
A-1

\$
B

\$
C

\$
D

ADDITIONAL PURCHASES

ITEM(S)	Client's total purchase w/ tax

Trainer Grand Total
\$
B+C+D

Total services to be charged to client
A+C+D \$

CLIENT PAYMENTS THIS PERIOD

Date	Charge	Check #	Cash	Amount Paid

If a new client or new charge card:
Card # _____ Exp. _____
Signature _____

Total Paid
\$