



Fit-X Fitness
Session Reporting and Paywork Sheet

Client Name _____
(First and Last)

Address or Phone Change _____

Trainer Name _____
(First and Last)

Business Name _____

Pay Period _____

SD _____ OC _____ Notes _____

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

A
\$

B
\$

C
\$

D
\$

ADDITIONAL PURCHASES

| 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: _____