

INVOICE

[Your Name/Agency Name]
[Address]
[Email/Phone]

INVOICE #: [000]
DATE: [Date]
DUE DATE: [Date]

BILL TO:

[Client Name]
[Company Name]
[Client Email]

BILLING PERIOD:

[Start Date] to [End Date]

Description of Services	Hours/Qty	Rate	Total
Monthly VA Retainer Package - [Package Name]	[Qty]	[\$[0.00]]	[\$[0.00]]
Additional Hours (Over Retainer)	[Qty]	[\$[0.00]]	[\$[0.00]]
Project Reimbursables / Expenses	-	-	[\$[0.00]]

Subtotal: \$[0.00]

Tax: \$[0.00]

Grand Total: \$[0.00]

PAYMENT INSTRUCTIONS:

Please send payment via [PayPal/Bank Transfer/Stripe] to: [Details]

Thank you for your business!