INVOICE

[Agency Name]
[Address Line 1]
[Email/Phone]

Invoice #: [0000]
Date: [MM/DD/YYYY]
Due Date: [MM/DD/YYYY]

BILL TO

[Client Name/Company]
[Client Address]
[Client Contact Email]

RETAINER PERIOD

[Start Date] to [End Date]
Plan: [Plan Name/Level]

Description	Hours/Qty	Rate	Total
Virtual Assistant Retainer - [Monthly/Weekly] Package	[00]	$[0.00]	$[0.00]
Additional Hours (Overages)	[00]	$[0.00]	$[0.00]

Subtotal: $[0.00]
Tax/Fee: $[0.00]
Amount Due: $[0.00]

PAYMENT INSTRUCTIONS

Please include invoice number with your payment. Accepted methods: [Bank Transfer/Credit Card/PayPal].

Thank you for your business.