INVOICE

[VA Name/Business Name]
[Address Line 1]
[Email/Phone]

Invoice #: [000]
Date: [MM/DD/YYYY]
Due Date: [MM/DD/YYYY]

BILL TO:

[Client Name]
[Company Name]
[Address Line 1]

RETAINER PERIOD:

[Start Date] to [End Date]

Description	Hours Included	Hourly Rate	Total
Monthly VA Retainer Fee - [Tier Name]	[00] Hours	$[0.00]	$[0.00]
Overage Hours (from previous period)	[00] Hours	$[0.00]	$[0.00]

Subtotal: $[0.00]
Tax: $[0.00]

Grand Total: $[0.00]

Payment Instructions:

Please send payment via [PayPal/Stripe/Bank Transfer].
Account Details: [Information Here]

Thank you for your business!