INVOICE

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

INVOICE # [0000]

DATE [Date]

BILL TO [Client Name/Company]
[Client Address]
[Client Email]

Description	Cycle	Rate	Amount
Monthly VA Retainer [Package Name/Hours Included]	[Start Date] - [End Date]	$[0.00]	$[0.00]
Overage/Add-on Hours [Number of hours] hours @ $[Rate]/hr	-	$[0.00]	$[0.00]

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

Total Due: $[0.00]

PAYMENT TERMS Retainer due by [Date]. Please make payment via [PayPal/Bank Transfer/Stripe].

NOTES Thank you for your continued partnership!