

[Assistant Name]  
[Business Address]  
[City, State, Zip]  
[Email/Phone]

# INVOICE

INVOICE NUMBER: [INV-001]  
DATE: [Date]

BILL TO: [Client Name/Company]  
[Client Address]  
[City, State, Zip]  
BILLING PERIOD: [Start Date] to [End Date]

DESCRIPTION OF SERVICES	HOURS	RATE	TOTAL
Executive Administrative Support (Monthly Retainer)	--	\$--	\$--
Additional Hourly Tasks: [Project Name/Task]	0.00	\$--	\$--
Expenses / Reimbursements: [Travel/Supplies]	--	--	\$--

Subtotal: \$0.00  
Tax: \$0.00  
Amount Due: \$0.00

---

**Payment Instructions:**

Please make checks payable to [Assistant Name] or pay via [Bank Transfer Details/Online Link].

Due Date: Within [Number] days of receipt.