INVOICE

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

Invoice #: [001]
Date: [MM/DD/YYYY]
Due Date: [MM/DD/YYYY]

Bill To:

[Client Name]
[Company Name]
[Client Address]

Description of Services	Qty/Hours	Rate	Amount
Bank Reconciliation - [Month]	[0]	$[0.00]	$[0.00]
Accounts Payable/Receivable Management	[0]	$[0.00]	$[0.00]
Monthly Financial Reporting	[0]	$[0.00]	$[0.00]

Subtotal: $[0.00]
Tax (0%): $[0.00]
Total Amount Due: $[0.00]

Payment Instructions:
[Bank Name / PayPal / Transfer Details]
Please include invoice number in the payment reference.