

INVOICE

Consulting Retainer Agreement Invoice

Invoice No: _____
Date: _____
Due Date: _____

CONSULTANT

CLIENT

RETAINER AGREEMENT REFERENCE

Agreement Date:
Retainer Period:
Prepaid Hours:
Overage Rate (per Hr):

DESCRIPTION	HOURS / QTY	RATE	AMOUNT

Subtotal: _____
Tax Rate / Tax: _____
Total Due: _____

PAYMENT TERMS & INSTRUCTIONS

CONSULTANT SIGNATURE

CLIENT ACCEPTANCE SIGNATURE