

INVOICE

Monthly Retainer Agreement Billing

Invoice No: _____

Date: _____

Due Date: _____

SERVICE PROVIDER

CLIENT

RETAINER AGREEMENT REFERENCES

Agreement Date:

Retainer Period:

Contract Ref:

Monthly Hours Cap:

DESCRIPTION OF RETAINER SERVICES	BILLING CYCLE	FIXED FEE RATE	AMOUNT

Subtotal: _____

Tax / VAT: _____

Total Due: _____

PAYMENT TERMS & INSTRUCTIONS

AUTHORIZED SIGNATURE (PROVIDER)

Date: _____

CLIENT ACCEPTANCE / SIGNATURE

Date: _____