



INVOICE

Invoice No:

Date:

Due Date:

PO Number:

AGENCY / CONSULTANT

BILL TO

| RETAINER SERVICE DESCRIPTION | HOURS / QTY | RATE | LINE TOTAL |
|------------------------------|-------------|-------|------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Subtotal _____

Tax / VAT _____

Total Due _____

Payment Terms & Notes

