

INVOICE

Invoice No: _____
Date: _____
Due Date: _____

ADVISORY SERVICE PROVIDER

CLIENT / BILL TO

DESCRIPTION OF ADVISORY SERVICES	BILLING PERIOD	RATE	AMOUNT
Monthly Advisory Retainer Fee			
.....
Additional Advisory Hours (Out of Scope)			
.....
.....

Subtotal: _____

Tax / VAT: _____

Total Due: _____

PAYMENT TERMS & INSTRUCTIONS

Retainer fees are billed in advance on a monthly basis. Payment is due within the terms specified above.
Please send payments via wire transfer / ACH to:

Bank Name: _____
Account Name: _____
Routing Number / IBAN: _____
Account Number: _____

