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# RETAINER RECEIPT

Receipt No: \_\_\_\_\_  
Date: \_\_\_\_\_

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## CONSULTANT / PROVIDER

Name: \_\_\_\_\_  
Contact: \_\_\_\_\_  
Email: \_\_\_\_\_

## CLIENT

Company: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Email: \_\_\_\_\_

DESCRIPTION OF RETAINER SERVICES	AMOUNT RECEIVED
	_____

**Total Deposit Received:** \_\_\_\_\_

Payment Method: \_\_\_\_\_  
Reference / Check No: \_\_\_\_\_

**Terms of Retainer Deposit**

This retainer deposit is received as an advance payment for professional consulting services. The amount will be held by the Consultant and applied against future billable hours, services, or disbursements in accordance with the signed Consulting Agreement. Any unused portion of this deposit shall be handled or refunded

pursuant to the terms specified in the primary agreement.

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**AUTHORIZED REPRESENTATIVE SIGNATURE**

Date:

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**CLIENT ACKNOWLEDGMENT SIGNATURE**

Date: