INVOICE

Invoice No:

Date:

Due Date:

PROVIDER

BILL TO

FORTNIGHTLY RETAINER PERIOD

From:

To:

SERVICE DESCRIPTION	HOURS/QTY	RATE	AMOUNT

Subtotal:

Tax:

Total Due:

PAYMENT TERMS & INSTRUCTIONS

Payment is due within 14 days of invoice date. This invoice covers biweekly retainer services agreed upon in the master service contract.

Bank Name:

Account Name:

Account No / IBAN:

Routing / BIC: