

STATEMENT

Retainer Fee Billing

BILL TO

STATEMENT DETAILS

Statement No. _____

Date _____

Customer ID _____

Due Date _____

DESCRIPTION	QUANTITY / HOURS	RATE	AMOUNT
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Subtotal _____

Tax Rate / Tax _____

Total Due

Payment Terms & Instructions

Authorized Signature

Date