

RETAINER INVOICE

Invoice No: _____

Date: _____

Due Date: _____

PROVIDER DETAILS

BILL TO

DESCRIPTION OF ONGOING SERVICES	PERIOD	RATE	AMOUNT
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Subtotal _____

Tax / VAT _____

Total Due _____

PAYMENT TERMS & INSTRUCTIONS

