
RETAINER INVOICE

INVOICE NO: _____

DATE: _____

BILLED TO

RETAINER TERMS

BILLING PERIOD: _____

DUE DATE: _____

PAYMENT METHOD: _____

DESCRIPTION OF RETAINER SERVICES	PERIOD COVERED	MONTHLY RATE	TOTAL AMOUNT
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

SUBTOTAL -

TAX / VAT -

TOTAL DUE -

NOTES / PAYMENT INSTRUCTIONS

Prepared By (Authorized Signature)

Client Acceptance (Signature)
