

INVOICE

Invoice No: _____
Date: _____
Due Date: _____

SERVICE PROVIDER / AGENCY

BILL TO

Retainer Period:

Agreement Date:

Retainer Cycle:

Quarterly

DESCRIPTION	HOURS/QTY	RATE	AMOUNT

Subtotal: _____
Tax / VAT: _____
Total Due: _____

PAYMENT TERMS & AGREEMENT DETAILS

- 1. Payment is due upon receipt of this invoice or by the due date specified above.
- 2. Retainer hours are allocated per quarter and do not roll over to the next quarter unless specified in writing.
- 3. Additional hours exceeded beyond the quarterly retainer cap are billed at the agreed standard hourly rate.

Wire/ACH Transfer Instructions:

Bank Name:	_____	Account No:	_____
Routing No:	_____	Swift Code:	_____