

RETAINER INVOICE

Invoice No: _____

Invoice Date: _____

Due Date: _____

SCHEDULED RETAINER PERIOD

Retainer Cycle

Biweekly

Coverage Period Start

Coverage Period End

FROM

BILL TO

DESCRIPTION	HOURS / UNITS INCLUDED	RATE	LINE TOTAL
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Subtotal

Tax

Total Due

SCHEDULED BILLING TERMS

This is a scheduled recurring transaction corresponding to your biweekly retainer agreement. Payments will be processed automatically on the invoice due date in accordance with authorized payment details on file.

Next Scheduled Auto-Pay Date: