

RETAINER RECEIPT

Receipt No: _____

Date: _____

CLIENT INFORMATION

PROJECT / MATTER REFERENCE

DESCRIPTION	PAYMENT METHOD	AMOUNT RECEIVED
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total Secure Retainer: _____

RETAINER TERMS & CONDITIONS

The sum specified above is received as a retainer for professional services to be rendered. This retainer will be deposited into a designated trust account and drawn down as services are performed and invoiced in accordance with the professional services agreement. Any unused portion of this retainer will be refunded upon resolution of the matter or termination of services, subject to the terms of the formal agreement.

AUTHORIZED REPRESENTATIVE SIGNATURE

Date

CLIENT ACKNOWLEDGMENT SIGNATURE

Date