INVOICE

MONTHLY PROJECT MANAGEMENT RETAINER

Invoice No. _____

Date _____

Due Date _____

Billing Period _____

SERVICE PROVIDER

CLIENT

DESCRIPTION OF RETAINER SERVICES	HOURS INCLUDED	HOURS USED	OVERAGE RATE	TOTAL

PAYMENT TERMS & INSTRUCTIONS

Retainer Subtotal _____

Overage Charges _____

Tax / VAT _____

Total Due _____

PROVIDER AUTHORIZED SIGNATURE

CLIENT ACCEPTANCE SIGNATURE