RETAINER INVOICE

Monthly Payroll Summary

Invoice No:

Date:

Billing Period:

PROVIDER INFORMATION

Name/Company:

Address:

Email:

Phone:

CLIENT INFORMATION

Client Name:

Company:

Agreement Date:

Department:

DESCRIPTION OF SERVICES (RETAINER AGREEMENT)	ALLOCATED HOURS	HOURS WORKED	RATE	TOTAL
Base Monthly Retainer Fee				
Additional Hours (Over Retainer Limit)				
Adjustments / Special Services				

PAYMENT INSTRUCTIONS

Bank Name:

Account Name:

Account Number:

Routing/BIC:

Payment Due Date:

Subtotal:

Tax / VAT:

Total Due:

Provider Signature & Date

Client Approval Signature & Date