[AGENCY NAME]
RETAINER INVOICE

FROM

[Agency Name]
[Street Address]
[City, State, Zip]
[Email/Phone]

BILL TO

[Client Company Name]
[Contact Name]
[Street Address]
[City, State, Zip]

INVOICE DETAILS

Invoice #: [000]
Date: [Date]
Due Date: [Date]

RETAINER PERIOD

[Start Date] to [End Date]

Description	Qty/Hours	Rate	Amount
Monthly Retainer Fee Influencer sourcing, management, and reporting	1	$0.00	$0.00
Content Creation Oversight Creative brief development and asset approval	1	$0.00	$0.00

Description	Qty/Hours	Rate	Amount
Paid Media Supplement Whitelisting and amplification management	-	$0.00	$0.00

Subtotal: $0.00

Tax: $0.00

Total Due: $0.00

PAYMENT INSTRUCTIONS

Bank: [Name] | Account: [Number] | Routing: [Number]

Please include Invoice # in the payment reference.