INVOICE

Retention Bonus Payment

Invoice #: _____
Date: _____

Payable To:
[Employee Name]
[Employee ID]
[Address/Department]

From:
[Company Name]
[Company Address]
[Contact Information]

Description	Retention Period	Amount
Retention Bonus Agreement - Milestone Payment	[Start Date] to [End Date]	$0.00
	Subtotal	$0.00
	Tax Withholding	($0.00)
	Total Net Payable	**$0.00**

Payment Method: [Direct Deposit / Check / Payroll]
Notes: This bonus is subject to the terms and conditions outlined in the signed Retention Agreement dated _____.

Authorized Signature: _____ Date: _____