[Business Name]

[Address Line 1]
[Email / Phone]

INVOICE

No: [Invoice #]
Date: [Date]

BILL TO

[Client Name]
[Company Name]
[Client Address]
[Client Email]

RETAINER PERIOD

[Start Date] to [End Date]

Description	Hours/Qty	Rate	Amount
Executive Support Retainer Monthly administrative and strategic management	[0]	$0.00	$0.00
Additional Overage Hours Hours exceeding retainer agreement	[0]	$0.00	$0.00

Subtotal $0.00
Tax $0.00
Total Amount Due $0.00

PAYMENT INSTRUCTIONS

Please remit payment within [X] days.
Bank: [Bank Name] | Account: [Number] | Routing: [Number]

Thank you for your business.