

# INVOICE

[Consultant Name/Firm]  
[Address Line 1]  
[Email/Phone]

**Invoice #:** [00001]

**Date:** [Month Day, Year]

**Due Date:** [Month Day, Year]

**BILL TO**

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**[Client Company Name]**  
[Contact Name]  
[Client Address Line 1]  
[Client Address Line 2]

**RETAINER PERIOD**

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[Month, Year]  
Service Cycle: [Start Date] to [End Date]

Description of Services	Fixed Monthly Retainer
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<b>Monthly Consulting Retainer</b> Strategic advisory, scheduled weekly check-ins, and ongoing support as per agreement.	\$0.00
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**Description of Services**

**Fixed Monthly  
Retainer**

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**Additional Services / Expenses**

[Detail any out-of-scope items or approved expenses]

**\$0.00**

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Subtotal: \$0.00

Tax: \$0.00

Amount Due: \$0.00

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**PAYMENT INSTRUCTIONS**

Please make checks payable to: **[Consultant Name]**

Bank Transfer / Wire: [Bank Name] | Account: [Number] | Routing: [Number]

*Thank you for your business.*