

INVOICE

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

INVOICE #
[00001]
DATE
[Month DD, YYYY]

BILL TO:

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

RETAINER PERIOD:
[Start Date] - [End Date]

Description	Hours/Qty	Rate	Amount
Scheduled Consulting Retainer Fee - [Current Month]	1	\$0.00	\$0.00
Additional Overage Hours (Prior Period)	0	\$0.00	\$0.00
Reimbursable Expenses	-	-	\$0.00

Subtotal: \$0.00

Tax: \$0.00

Total Due: \$0.00

Payment Instructions:

Please make checks payable to [Name] or pay via [Bank/Transfer Details].
Payment is due within [X] days of invoice date.

Thank you for your continued partnership.