

# RETAINER INVOICE

[Consultancy Name]  
[Address Line 1]  
[Email / Phone]

**Invoice #:** [0000]  
**Date:** [Date]  
**Due Date:** [Date]

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CLIENT

**[Client Contact Name]**  
[Company Name]  
[Company Address]

RETAINER PERIOD

[Start Date] to [End Date]

DESCRIPTION OF STRATEGIC SERVICES	QUANTITY/HOURS	RATE	AMOUNT
Monthly Strategic Retainer - Tier [X] Advisory	1	\$0.00	\$0.00
Additional Consultation Hours (Excess)	0	\$0.00	\$0.00
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Subtotal:		\$0.00	
Tax/VAT:		\$0.00	
Total Due:		\$0.00	

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**PAYMENT INSTRUCTIONS**

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

*Terms: Net [30] days. Late payments are subject to a [X]% monthly interest fee.*