[AGENCY NAME]

[Street Address]
[City, State, Zip]
[Email/Website]

RETAINER INVOICE

Invoice #: [00000]
Date: [Date]
Due Date: [Date]

BILL TO:

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

AGREEMENT PERIOD:

[Start Date] to [End Date]
Agreement Reference: [ID-000]

Description	Hours/Qty	Rate	Total
Monthly Agency Retainer Fee Professional services as per agreement	1	$[0.00]	$[0.00]
Additional Overage/Project Work [Description of specific task]	[0]	$[0.00]	$[0.00]

Subtotal: $[0.00]
Tax ([0]%): $[0.00]
Total Due: $[0.00]

PAYMENT INSTRUCTIONS

Please make all checks payable to **[Agency Name]**. For wire transfers: [Bank Name] | Account: [00000000] | Routing: [00000000]. Late payments may be subject to a [0]% monthly interest charge as per the Retainer Agreement.