[AGENCY NAME]
RETAINER INVOICE

FROM:

[Agency Address Line 1]
[City, State, Zip]
[Email / Phone]

BILL TO:

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

INVOICE DETAILS:

Invoice #: [0000]
Date: [Month Day, Year]

RETAINER PERIOD:

[Start Date] to [End Date]

Description of PR Services	Units/Hours	Rate	Amount
Monthly Retainer Fee: [Service Tier/Scope Name]	1.0	$0.00	$0.00
Additional Expenses (Pre-approved / Pass-through)	-	-	$0.00

Subtotal: $0.00
Tax: $0.00
Total Due: $0.00

PAYMENT TERMS:

Payment due within [X] days. Please make checks payable to "[Agency Name]" or use the banking details below:

Bank: [Bank Name] | Account: [Number] | Routing: [Number]