RETAINER INVOICE

[Firm Name]
[Address Line 1]
[City, State, Zip]

INVOICE NUMBER [000]
DATE [Month DD, YYYY]

CLIENT / BILLING TO

[Client Name]
[Company Name]
[Billing Address]

PROJECT REFERENCE

[Project Name/ID]
[Project Phase/Stage]

DESCRIPTION OF SERVICES	AMOUNT
Professional Services Retainer - [Project Name]	$0.00
Initial Design Phase Deposit	$0.00

Total Retainer Due: $0.00

TERMS & NOTES

This retainer is required prior to the commencement of architectural services. Funds will be held as a credit toward final project billing or applied to the initial phases as per the Professional Services Agreement.

Payment Methods: [Check / Wire Transfer / Credit Card]
Please make all checks payable to [Firm Name].