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

INVOICE

No: [Invoice #]
Date: [Current Date]

Bill To:
[Client Name]
[Client Business Name]
[Client Address]
Project Reference:
[Project Name/Case Number]
Billing Period:
[Start Date] - [End Date]

Description of Services / Retainer Scope	Amount
Interim Retainer Payment for Professional Services	$0.00
[Additional Item/Adjustment]	$0.00

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

Payment Terms: Due within [X] days.
Notes: This is an interim retainer invoice for continued services. Please make checks payable to "[Your Company Name]" or use the electronic payment details provided in your contract.