RETAINER INVOICE

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

Invoice #: [00001]
Date: [Date]
Due Date: [Date]

BILL TO

[Client Name]
[Client Company]
[Client Address]
[Client Email]

RETAINER PERIOD

[Start Date] to [End Date]
Reference: [Project Name/Contract ID]

Description	Service Type	Amount
[Service Period] Retainer Fee - Professional Services	Fixed Retainer	$0.00
Overage / Additional Consultations (Previous Period)	Hourly Adjust.	$0.00

Subtotal: $0.00

Tax (0%): $0.00

Total Amount Due: $0.00

PAYMENT INSTRUCTIONS

Bank: [Bank Name] | Account: [Account Number] | Routing: [Routing Number]
Please include the invoice number as a payment reference. All retainer payments are non-refundable and subject to the terms of the Master Service Agreement.