

# RETAINER INVOICE

[Trainer/Company Name]  
[Address Line 1]  
[Email/Phone]

**Invoice #:** [000]  
**Date:** [Date]  
**Billing Cycle:** [Month, Year]

**Bill To:**

[Group Name / Lead Contact]  
[Client Address]  
[Client Email]

**Payment Terms:**

Retainer due by: [Date]  
Payment Method: [Zelle/Bank/Card]

Description of Service	Frequency	Rate	Amount
Monthly Group Training Retainer ([X] sessions/week)	[Qty]	[\$0.00]	[\$0.00]
Facility/Equipment Fee (if applicable)	[Qty]	[\$0.00]	[\$0.00]

Subtotal: [\$0.00]  
Tax: [\$0.00]  
Total Due: [\$0.00]

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**Notes:** Retainers cover the agreed-upon sessions for the upcoming billing cycle. 24-hour cancellation policy applies to individual session rescheduling. No refunds on unused retainer hours.