

RETAINER INVOICE

[Law Firm Name]
[Street Address]
[City, State, Zip]
[Email/Phone]

Invoice #: [00000]
Date: [MM/DD/YYYY]
Matter ID: [Case Reference]

CLIENT / ENTITY

[Corporate Client Name]
Attn: [Contact Person/General Counsel]
[Client Address]
[City, State, Zip]

PAYMENT TERMS

Due Date: [Date]
Payment Method: [Wire/ACH/Check]

Description of Legal Services / Retainer Scope	Amount
Initial Corporate Counsel Retainer Deposit Replenishable evergreen retainer for ongoing advisory services as per Engagement Letter dated [Date].	\$0.00
Administrative/Onboarding Fee (if applicable)	\$0.00

Subtotal: \$0.00
Total Deposit Due: \$0.00

Wire Transfer Instructions:

Bank Name: [Name] | Account Name: [Name] | Account #: [0000] | Routing #: [0000]

Note: Funds will be held in a dedicated Client Trust Account (IOLTA) and applied against future billable hours and disbursements.