

RETAINER INVOICE

Invoice #: _____

Date: _____

[Law Firm Name]
[Street Address]
[City, State, Zip]
[Tax ID/VAT Number]

BILL TO:

[Corporate Client Name]

Legal Department

[Attention Name/Internal Ref]

[Street Address]

[City, State, Zip]

MATTER DETAILS:

Matter Name: [Description/Case Name]

Matter No: [Internal Reference Number]

Period: [Start Date] - [End Date]

Description of Legal Services / Retainer Type	Hours/Qty	Rate	Amount
[Fixed Monthly Retainer Fee / Initial Deposit]	_____	\$ _____	\$ _____
[Additional Service or Expense Reimbursement]	_____	\$ _____	\$ _____

Subtotal: \$ _____

Tax (if applicable): \$ _____

Total Amount Due: \$ _____

PAYMENT INSTRUCTIONS:

Bank Name: [Name] | Account: [Number] | Routing/Swift: [Code]

Please include Invoice Number on all remittances. Terms: Net [30] days.