

[LAW FIRM NAME]

[Street Address]
[City, State, Zip]
[Phone Number]

RETAINER INVOICE

Invoice #: [0000]
Date: [Date]

CLIENT / ENTITY

[Client Name]
[Contact Person]
[Client Address]
[City, State, Zip]

MATTER REFERENCE

Matter: [Case Name/Reference]
Matter ID: [Matter Number]
Lead Attorney: [Attorney Name]

Description of Service / Legal Matter	Amount
Initial Retainer Deposit Deposit to be held in Trust Account for corporate litigation services as outlined in the Engagement Letter dated [Date].	\$0.00
Anticipated Filing Fees & Disbursements Initial allocation for court fees, service of process, and administrative costs.	\$0.00

Total Deposit Required: \$0.00

PAYMENT INSTRUCTIONS

Wire Transfer: [Bank Name] | **Account:** [Number] | **Routing:** [Number]

Checks: Payable to "[Law Firm Name] IOLTA Trust Account"

Please include Invoice Number on all remittances.

This is a retainer request to be held in trust. Funds will be applied against future billings as incurred.