

# RETAINER INVOICE

Invoice #: [00000]

Date: [Month DD, YYYY]

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

---

## BILL TO:

[Client Name]  
[Client Address]  
[City, State, Zip]  
[Client Email/Phone]

## MATTER REFERENCE:

[Case Name/Number]  
[Attorney Initials]

Description of Legal Services / Retainer	Amount
Initial Legal Retainer Deposit for [Matter Description]	\$ 0.00
Administrative Set-up Fee (if applicable)	\$ 0.00
<b>TOTAL DEPOSIT REQUIRED: \$ 0.00</b>	

---

**Payment Instructions:** Please make checks payable to "[Law Firm Name] IOLTA/Trust Account". For electronic transfers, please use the following details: [Wire/ACH Instructions].

**Terms:** Funds will be held in a formal Trust Account and applied against future billable hours and disbursements as outlined in the signed Engagement Letter.