

[LAW FIRM NAME]

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

RETAINER INVOICE

Invoice #: [00000]
Date: [Date]
Matter ID: [Matter-000]

BILL TO:

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

MATTER DESCRIPTION:

[General description of legal services and representation scope]

Description	Amount
Initial Legal Counsel Retainer Deposit To be held in trust account	\$0.00
Administrative Setup Fee (if applicable)	\$0.00
Total Deposit Due	\$0.00

PAYMENT INSTRUCTIONS:

Please make checks payable to **[Law Firm Name] Trust Account**. For wire transfer or ACH instructions, please contact our billing department.

Note: This deposit will be held in a formal IOLTA/Trust Account and applied against future legal fees and disbursements as outlined in the Signed Engagement Letter.