

[LAW FIRM NAME]

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

RETAINER INVOICE

Invoice #: _____
Date: _____

CLIENT:

[Client Name]
[Client Address]
[Client Email]

MATTER REFERENCE:

[Case Number / Description]

Description of Legal Services / Retainer Type	Amount
Initial Legal Service Retainer Fee - [Matter Name]	\$ _____
Administrative/Filing Fee Deposit	\$ _____
TOTAL RETAINER DUE: \$ _____	

PAYMENT TERMS:

This retainer is due upon receipt. Funds will be held in a Professional Trust Account (IOLTA) and applied against future billable hours and disbursements as outlined in the signed Representation Agreement.

Payment Methods: [Check / Wire Transfer / Credit Card Details]

Thank you for choosing [Law Firm Name].