

**[LAW FIRM NAME]**

[Street Address]  
[City, State, Zip]  
[Phone Number]  
[Email/Website]

**RETAINER INVOICE**

**Date:** [MM/DD/YYYY]  
**Invoice #:** [0000]  
**Matter ID:** [REG-000]

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**CLIENT INFORMATION**

**[Client Name / Company]**  
[Attn: Representative Name]  
[Client Street Address]  
[City, State, Zip]

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**MATTER DESCRIPTION**

**Subject:** [Regulatory Compliance / Agency Representation]  
**Scope:** [Brief Description of Legal Services to be Rendered]

Description of Deposit Requirement	Amount
Initial Professional Services Retainer (Regulatory Counsel)	\$0.00
Anticipated Filing Fees / Administrative Costs Deposit	\$0.00

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Subtotal: \$0.00  
Total Retainer Due: \$0.00

## **PAYMENT INSTRUCTIONS**

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Please remit payment via wire transfer or check. All funds will be held in a dedicated IOLTA/Trust Account and applied against future billings in accordance with the signed Engagement Letter dated [Date].

**Bank:** [Bank Name]

**Account Name:** [Firm Name] Trust Account

**Routing #:** [000000000]

**Account #:** [000000000]

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This document is a request for a retainer deposit and does not represent a final billing for services rendered. Invoices for actual time and expenses will be provided monthly.