

[LAW FIRM NAME]

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

RETAINER INVOICE

Invoice #: _____
Date: _____
Matter ID: _____

BILL TO:

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

MATTER DESCRIPTION

[Brief Description of Legal Services/Representation]

Description	Amount
Initial Retainer Fee Deposit (to be held in Trust)	\$ 0.00
Total Deposit Required:	\$ 0.00

PAYMENT INSTRUCTIONS

Please make all checks payable to [Law Firm Name] Trust Account.
For wire transfers or credit card payments, please contact our billing department at [Phone Number/Email].

Note: These funds will be held in a formal IOLTA/Trust account and applied against future legal fees and out-of-pocket expenses as incurred, pursuant to the signed Engagement Agreement.