

[Consultancy Name]

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

INVOICE

Invoice #: [00000]

Date: [Month Day, Year]

Due Date: [Month Day, Year]

BILL TO:

[Client Company Name]

[Attn: Contact Name]
[Street Address]
[City, State, Zip]

RETAINER PERIOD:

[Start Date] to [End Date]

Description of Services	Hours Included	Amount
Monthly HR Advisory Retainer - Tier [X]	[00]	\$0.00
Overage / Additional Project Work (Itemized)	[00]	\$0.00

Subtotal: \$0.00
Tax: \$0.00
Total Due: \$0.00

PAYMENT INSTRUCTIONS:

Please make checks payable to **[Consultancy Name]** or pay via ACH/Wire Transfer to **[Bank Account Details]**.

Thank you for your partnership.