

# INVOICE

# [Invoice Number]

[Consultant/Company Name]  
[Street Address]  
[City, State, Zip]  
[Email/Phone]

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**BILL TO:**

[Client Name]  
[Client Company]  
[Client Address]

**DATE:** [Current Date]  
**DUE DATE:** [Due Date]  
**RETAINER PERIOD:** [Month, Year]

Description	Hours/Qty	Rate	Amount
Monthly Business Consulting Retainer Fee	1	\$0.00	\$0.00
Additional Hours (Over Retainer Limit)	[0]	\$0.00	\$0.00

Subtotal: \$0.00

Tax: \$0.00

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**TOTAL DUE: \$0.00**

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**Notes:**

[Payment Instructions: Bank Transfer, Check, or Online Payment Details]

*Thank you for your business.*