

INVOICE

[Agency Name]
[Address Line 1]
[Email/Phone]

Invoice #: [00000]
Date: [MM/DD/YYYY]
PO Number: [Reference]

BILL TO:

[Client Name]
[Client Address]
[Contact Person]

RETAINER PERIOD:

[Start Date] to [End Date]
Total Hours Allocated: [XX] Hours

SERVICE DESCRIPTION	STAFF/ROLE	HOURS	RATE	AMOUNT
Monthly Retainer - Professional Services	Creative/Strategy	[00.0]	[\$[0.00]]	[\$[0.00]]
Overage Hours (if applicable)	Account Mgmt	[00.0]	[\$[0.00]]	[\$[0.00]]
Production / Design Work	Art Dept	[00.0]	[\$[0.00]]	[\$[0.00]]

Subtotal: \$[0.00]
Tax ([0] %): \$[0.00]
TOTAL DUE: \$[0.00]

Notes: Retainer hours do not roll over unless specified in contract. Please include invoice number with payment.

Payment Terms: Net [30] Days. Bank Transfer: [Account Info]