

# INVOICE

Retainer Services

[Agency Name]

[Street Address]

[City, State, Zip]

[Email/Phone]

---

**BILL TO**

[Client Company Name]

[Contact Name]

[Address]

**INVOICE DETAILS**

Invoice #: [0000]

Date: [MM/DD/YYYY]

Retainer Period: [Month, Year]

Due Date: [MM/DD/YYYY]

Date	Marketing Activity / Deliverable	Staff	Hours	Rate	Total
[Date]	[Project Management / Strategy]	[Name]	0.00	\$0.00	\$0.00
[Date]	[Content Marketing / SEO]	[Name]	0.00	\$0.00	\$0.00
[Date]	[Paid Media / Lead Gen]	[Name]	0.00	\$0.00	\$0.00

Date	Marketing Activity / Deliverable	Staff	Hours	Rate	Total
[Date]	[CRM / Email Automation]	[Name]	0.00	\$0.00	\$0.00

Total Hours: 0.00

Retainer Credit: (\$0.00)

---

Balance Due: \$0.00

---

**Payment Instructions:**

Bank: [Name] | Account: [Number] | Routing: [Number]

Please include invoice number with your payment. Thank you for your partnership.