

AGENCY NAME

123 Creative Studio Lane
Design District, NY 10012

RETAINER INVOICE

Invoice #: _____
Date: _____

CLIENT:

Client Company Name
Attention: Contact Name
Billing Address City, State, Zip

RETAINER PERIOD:

Month: _____
Year: _____

DATE	TEAM MEMBER / ROLE	TASK DESCRIPTION / PROJECT	HOURS	RATE	AMOUNT
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Retainer Hours Included: _____
Additional Hours Over Retainer: _____
Subtotal: \$0.00
TOTAL DUE: \$0.00

Notes & Payment Instructions:

Please make checks payable to Agency Name. For wire transfers, use Account No: _____. Payment is due within 15 days of invoice date. Thank you for your continued partnership.