

INVOICE

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

Invoice #: _____
Date: _____
Period: _____

Client:

[Client Name]
[Company Name]
[Address]

Retainer Details:

Monthly Hours: [00]
Overage Rate: \$[000]/hr

DATE	SERVICE / ACTIVITY DESCRIPTION	RESOURCE	HOURS
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DATE	SERVICE / ACTIVITY DESCRIPTION	RESOURCE	HOURS
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Retainer Fee: \$0.00
Overage Fees: \$0.00
Tax: \$0.00
Total Due: \$0.00

Payment Terms: Net 30. Please make checks payable to [Agency Name].

Notes: Overage hours are billed in 15-minute increments.