

# [AGENCY NAME]

[Street Address]  
[City, State, Zip]  
[Email/Phone]

## INVOICE

Invoice #: [0000]  
Date: [Date]  
Period: [Month, Year]

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**BILL TO:**

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

**RETAINER SUMMARY:**

Retainer Type: [Strategic/Monthly/Project]  
Agreement Ref: [Contract #]  
Status: [Current]

| Date    | Consultant | Description of Strategic Services | Hours | Rate       | Amount     |
|---------|------------|-----------------------------------|-------|------------|------------|
| [DD/MM] | [Name]     | [Service/Meeting/Deliverable]     | [0.0] | [\$[0.00]] | [\$[0.00]] |
| [DD/MM] | [Name]     | [Service/Meeting/Deliverable]     | [0.0] | [\$[0.00]] | [\$[0.00]] |
| [DD/MM] | [Name]     | [Service/Meeting/Deliverable]     | [0.0] | [\$[0.00]] | [\$[0.00]] |

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Retainer Subtotal: \$[0.00]

Additional Expenses: \$[0.00]

Tax ([0] %): \$[0.00]

**TOTAL DUE: \$[0.00]**

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

**Wire Transfer:** Bank: [Name] | Account: [Number] | Routing: [Number]