YOUR AGENCY NAME

INVOICE

BILL TO:

Client Company Name
Street Address
City, State, Zip
contact@client.com

INVOICE DETAILS:

Invoice #: INV-0000
Date: [Date]
Billing Period: [Month, Year]
Due Date: [Date]

DESCRIPTION	QTY	RATE	AMOUNT
Monthly Retainer Fee Professional services for the recurring period	1	$0,000.00	$0,000.00
Additional Hours / Overages Hours exceeding monthly cap	0	$00.00	$0.00

Subtotal: $0,000.00
Tax (0%): $0.00
Total Due: $0,000.00

NOTES & PAYMENT TERMS

This is a recurring monthly retainer invoice. Payments are due within 15 days of the invoice date. Please make checks payable to Your Agency Name or pay via the electronic link provided in the email.