

[LAW FIRM NAME]

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

RETAINER INVOICE

Invoice #: [0000]
Date: [Date]
Matter ID: [Case Number]

CLIENT INFORMATION

[Client Name]
[Client Address]
[City, State, Zip]

MATTER SUBJECT

Employment Law Representation: [e.g., Wrongful Termination / Severance Negotiation / General Counsel]

Description of Services	Amount
Initial Retainer Fee for Legal Services	\$0.00
Administrative / Filing Deposit	\$0.00

Description of Services	Amount
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Total Amount Due:	\$0.00
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PAYMENT INSTRUCTIONS

Please make all checks payable to **[Law Firm Name]**. For wire transfers or credit card payments, please contact our billing department.

Note: Funds will be held in a dedicated Client Trust Account (IOLTA) and applied against future billable hours and disbursements as outlined in the signed Representation Agreement.

Thank you for choosing [Law Firm Name] for your employment law needs.