

INVOICE

Retainer Statement

[Law Firm Name]
[Street Address]
[City, State, Zip]
[Tax ID Number]

CLIENT:

[Corporate Client Name]
[Attention: Legal Department]
[Client Address]

Invoice #: [00000]
Date: [Date]
Billing Period: [Month/Year]
Matter ID: [Matter Name/No.]

Description of Services / Retainer Type	Amount
Fixed Monthly General Counsel Retainer Fee	\$0.00
Additional Hours (Outside Retainer Scope)	\$0.00
Reimbursable Expenses (Filing Fees, Travel, etc.)	\$0.00
Subtotal: \$0.00	
Tax: \$0.00	
Total Due: \$0.00	

Payment Terms: Due within [X] days of receipt.

Wiring Instructions: [Bank Name] | **Account:** [No.] | **Routing:** [No.]

Thank you for your continued partnership.