

INVOICE

INVOICE # [0000]
DATE [Month Day, Year]

FROM [Your Name/Company]

[Street Address]

[City, State, Zip]

[Email/Phone]

BILL TO [Client Name/Company]

[Street Address]

[City, State, Zip]

[Email/Phone]

Description	Period	Amount
Retainer Fee - [Service Type]	[Start Date] to [End Date]	\$0.00
Overages / Additional Services	[Reference Date]	\$0.00
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Subtotal	\$0.00	
Tax	\$0.00	
Total Due	\$0.00	

NOTES & PAYMENT INSTRUCTIONS

Please make payment within [X] days. Payment via [Bank Transfer/Check/Online].
Thank you for your business.