INVOICE

[Your Studio Name]
[Address Line 1]
[Email / Phone]

Invoice #: [000]
Date: [Date]
Due Date: [Date]

BILLED TO:

[Client Name]
[Company Name]
[Client Address]

RETAINER PERIOD:

[Start Date] to [End Date]
Agreement Ref: [Contract #]

Description	Hours/Allocation	Rate	Total
Monthly Retainer Fee - Graphic Design Services	[X] Hours	$[0.00]	$[0.00]
Overage Hours (if applicable)	[X] Hours	$[0.00]	$[0.00]
Additional Expenses / Licensing	-	-	$[0.00]

Subtotal: $[0.00]

Tax: $[0.00]

TOTAL DUE: $[0.00]

Payment Instructions:
Please remit payment via [Bank Transfer/Check/Online Portal].
Late payments are subject to a fee of [X%] per month.

Thank you for your continued partnership.