

# Ongoing Retainer Invoice Statement

Company Name

1234 Business Ave, Suite 100, City, Country

Email: info@company.com | Phone: (123) 456-7890

**Billed To:**

Client Name  
Client Company  
Address Line 1  
Address Line 2

**Invoice #:**  
**Date:**  
**Period:**

Description	Hours	Rate	Amount
Monthly Retainer Services			
Additional Services			

**Notes / Terms:**

Please make payment within 15 days. For questions regarding this invoice, contact us at info@company.com.

Authorized Signature:

**Subtotal:**

**Tax:**

**Total Due:**