

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.

Subtotal:

Tax:

Total Due:

Authorized Signature: