

Legal Retainer Invoice

From

[Law Firm Name]
[Address Line 1]
[Address Line 2]
[City, State, Zip]
[Phone]
[Email]

To

[Client Name]
[Company Name]
[Address Line 1]
[Address Line 2]
[City, State, Zip]

Invoice No: [#####]

Date Issued: [MM/DD/YYYY]

Retainer Period: [Start Date] - [End Date]

Due Date: [MM/DD/YYYY]

Description	Hours	Rate	Amount
[Retainer Service Description]	[##]	[Rate]	[Subtotal]
[Additional Service]	[##]	[Rate]	[Subtotal]
Subtotal			[Subtotal]
Adjustments			[Adjustments]
Total			[Total]

Retainer Payment Details

Retainer Amount: [Amount]
Previously Paid: [Amount]
Current Balance Due: [Amount]

Authorized Signature:

Date: _____

Please make all checks payable to [Law Firm Name].
Thank you for your business.

