

# LEGAL RETAINER INVOICE

Invoice #: \_\_\_\_\_  
Date: \_\_\_\_\_

## Law Firm/Attorney

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

## Client

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

## Retainer Details

Description of Services	Hours	Rate	Amount
Subtotal			
Taxes			
Total Due			
Retainer Received			
Balance Due			

## Payment Instructions

Payable To: \_\_\_\_\_  
Bank Details / Payment Method: \_\_\_\_\_  
Notes: \_\_\_\_\_

Attorney Signature:

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Client Signature:

\_\_\_\_\_  
Date:

