

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:

