

# Consultancy Invoice

**From:**

Your Name  
Your Company Name  
Your Address  
City, State, Zip Code  
Email: your.email@example.com  
Phone: (123) 456-7890

**To:**

Client Name  
Client Company Name  
Client Address  
City, State, Zip Code

Date: [Insert Date Here]

Invoice Number: [Insert Invoice Number Here]

## Retainer Services

| Description                        | Hours          | Rate   | Total          |
|------------------------------------|----------------|--------|----------------|
| Retainer Services for [Month/Year] | [Insert Hours] | [Rate] | [Total Amount] |

**Total Due: [Total Amount]**

Payment Terms: Payment is due within [Insert Payment Terms] days of the invoice date.

Please make all checks payable to [Your Company Name].

Thank you for your business!