INVOICE

Independent Contractor Invoice — Monthly Retainer

Invoice # _____

Period _____

Date _____

Due date _____

FROM

Your name (you are the business)

Email

Phone

Tax ID / EIN (if requested)

BILL TO

Client name

Email

Address

DESCRIPTION	QTY	RATE	AMOUNT

Subtotal _____

Tax _____

Total Due _____

NOTES

Monthly retainer for the period above. Hours beyond the retainer billed at the agreed overage rate.

PAYMENT INSTRUCTIONS

Payment due within 15 days.