

INVOICE

Klaviyo Specialist Services

Invoice #: [000]

Date: [Date]

FROM

[Your Name/Agency Name]

[Address Line 1]

[Email Address]

BILL TO

[Client Name]

[Company Name]

[Address Line 1]

Service Description	Hours/Qty	Rate	Amount
Monthly Klaviyo Management (Flows & Campaigns)	1	\$0.00	\$0.00
Email Design & Copywriting	[Qty]	\$0.00	\$0.00
Segmentation & List Cleaning	[Qty]	\$0.00	\$0.00
A/B Testing & Monthly Reporting	1	\$0.00	\$0.00
Subtotal \$0.00			

Tax \$0.00
Total Due \$0.00

PAYMENT INSTRUCTIONS

Please remit payment via [Bank Transfer/PayPal/Stripe] within 15 days of receipt.
Thank you for your business.