

INVOICE

[Agency Name]
[Address Line 1]
[Email/Phone]

Invoice #: [0001]

Date: [Month Day, Year]

Retainer Period: [Month, Year]

BILL TO

[Client Company Name]
[Contact Person]
[Client Address]
[Client Email]

PAYMENT TERMS

Due Date: [Date]
Method: [ACH / Wire / Credit Card]

Service Description	Quantity	Rate	Amount
Monthly Content Retainer Strategy, Production & Distribution	1	\$0.00	\$0.00
Additional Deliverables Whitepapers/Case Studies (Out of Scope)	[Qty]	\$0.00	\$0.00

Service Description	Quantity	Rate	Amount
Paid Media Management Monthly ad spend management fee	[Qty]	\$0.00	\$0.00

Subtotal: \$0.00
Tax: \$0.00
Total Due: \$0.00

NOTES & INSTRUCTIONS

Please include invoice number with your payment. Thank you for your continued partnership.