

# INVOICE

**[Production Company Name]**

[Street Address]  
[City, State, Zip]  
[Email/Phone]

**Invoice #:** [00000]

**Date:** [Date]

**Due Date:** [Date]

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**Sponsor / Client:**

[Contact Name]  
[Sponsor Company]  
[Address]  
[Email]

**Program Details:**

**Audio Title:** [Podcast/Show Name]

**Campaign ID:** [Reference #]

**Billing Cycle:** [Monthly/Per Episode]

Placement Description (Episode / Date)	Ad Type (Pre/Mid/Post-Roll)	Quantity	Rate	Amount
[Episode Title/Number]	[Ad Position]	[Qty]	[\$0.00]	[\$0.00]
[Episode Title/Number]	[Ad Position]	[Qty]	[\$0.00]	[\$0.00]

Subtotal: \$[0.00]

Tax/Fees: \$[0.00]

**Total Due: \$[0.00]**

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**Payment Instructions:**

Please make checks payable to [Production Company Name] or transfer via [Bank Details/Digital Link].  
Thank you for supporting [Audio Program Name].