

INVOICE

Digital Audio Services

Invoice #: _____

Date: _____

Provider:

Company Name
Address Line 1
City, State, Zip
Email / Phone

Bill To:

Client Name
Campaign Name
Address Line 1
City, State, Zip

Description (Spot Name / Platform)	Impressions / Units	CPM / Rate	Amount
Audio Spot Production (30-sec)	-	-	\$
Podcast Sponsorship Placement	-	-	\$

Description (Spot Name / Platform)	Impressions / Units	CPM / Rate	Amount
Programmatic Audio Distribution	-	-	\$
Voiceover Talent Fee	-	-	\$

Subtotal: \$ _____
Tax: \$ _____
Total Due: \$ _____

Payment Terms: Net 30

Payment Instructions: Bank Transfer / ACH details here.

Thank you for your business!