INVOICE

[Invoice Number]
Date: [Date Issued]

[Podcast Production Name]
[Street Address]
[City, State, Zip]
[Email/Phone]

BILL TO: **[Advertiser/Agency Name]**
[Contact Name]
[Billing Address]
[Email Address]
CAMPAIGN DETAILS: **Campaign:** [Campaign Name]
PO Number: [PO Number]
Due Date: [Payment Due Date]

Episode / Date	Slot Type (Pre/Mid/Post)	Rate Type (CPM/Flat)	Metrics/Qty	Amount
[Ep # & Title]	[e.g. Mid-roll]	[e.g. $25 CPM]	[e.g. 50,000 DLs]	$0.00
[Ep # & Title]	[e.g. Pre-roll]	[e.g. Flat Fee]	1	$0.00

Subtotal: $0.00

Tax: $0.00

Total Due: $0.00

PAYMENT INSTRUCTIONS

Transfer to: [Bank Name] | Account: [Number] | Routing: [Number]
PayPal: [Email Address] | Checks payable to: [Name]

Thank you for supporting the show.