INVOICE

Service: Podcast Ad Placement

Invoice #: [0000]

Date: [MM/DD/YYYY]

Provider:
[Agency/Consultant Name]
[Street Address]
[City, State, Zip]
[Email/Phone]
Client:
[Sponsor/Company Name]
[Street Address]
[City, State, Zip]
[Contact Name]

Podcast Show / Episode	Placement Type (Pre/Mid/Post-Roll)	Quantity	Rate	Amount
[Podcast Name - Ep #]	[Type]	[Qty]	$0.00	$0.00
[Podcast Name - Ep #]	[Type]	[Qty]	$0.00	$0.00
Production/Handling Fee	N/A	1	$0.00	$0.00

Subtotal: $0.00

Tax: $0.00

Total Balance Due: $0.00

Payment Instructions:
Please make checks payable to [Name] or pay via [Payment Method].
Payment is due within [Number] days of invoice date.