[AGENCY NAME]

[Address Line 1]
[City, State, Zip]
[Email/Website]

INVOICE

[Invoice Number]
Date: [Date]
Due Date: [Date]

CLIENT

[Client Company Name]
[Contact Name]
[Client Address]

PROJECT

Social Media Management
Billing Cycle: [Month, Year]

Service Description	Qty/Hours	Rate	Amount
Content Creation (Graphics & Copywriting)	[0]	$[0.00]	$[0.00]
Social Media Management & Community Engagement	[0]	$[0.00]	$[0.00]
Paid Ad Campaign Management	[0]	$[0.00]	$[0.00]

Service Description	Qty/Hours	Rate	Amount
Analytics & Performance Reporting	[1]	$[0.00]	$[0.00]

Subtotal: $[0.00]
Tax: $[0.00]

Total: $[0.00]

Payment Terms: [Net 15/30]

Payment Methods: [Bank Transfer / PayPal / Credit Card]

Thank you for your business.