

INVOICE

[Your Agency Name]

[Street Address]

[City, State, Zip]

[Email/Phone]

Invoice #: [000]

Date: [Date]

Due Date: [Date]

Bill To:

[Client Contact Name]

[Client Company Name]

[Street Address]

[City, State, Zip]

Campaign Reference:

[Campaign Name/PO Number]

Reporting Period:

[Start Date] - [End Date]

Service Description	Quantity/Hours	Rate	Amount
Press Release Writing & Distribution	[0]	[\$[0.00]]	[\$[0.00]]
Media Pitching & Outreach	[0]	[\$[0.00]]	[\$[0.00]]
Influencer Relations Management	[0]	[\$[0.00]]	[\$[0.00]]

Service Description	Quantity/Hours	Rate	Amount
Media Monitoring & Reporting	[0]	[\$0.00]	[\$0.00]
Reimbursable Expenses (Wire fees, etc.)	[1]	[\$0.00]	[\$0.00]

Subtotal: [\$0.00]

Tax: [\$0.00]

Total Due: [\$0.00]

Payment Instructions:

Please make checks payable to [Agency Name] or pay via bank transfer to: [Account Details].
Thank you for your business!