

[Consultant/Agency Name]

[Address Line 1]

[Email Address]

[Phone Number]

INVOICE

NO: [000]

DATE: [DATE]

Bill To:

[Client Name]

[Client Company]

[Client Address]

Project Reference:

[Media Training Program Title]

Due Date: [Date]

DESCRIPTION	UNITS/HOURS	RATE	TOTAL
Pre-session Research & Message Development	[0]	[\$[0.00]]	[\$[0.00]]
On-site Media Training Workshop	[0]	[\$[0.00]]	[\$[0.00]]
On-camera Practice & Review Sessions	[0]	[\$[0.00]]	[\$[0.00]]

DESCRIPTION	UNITS/HOURS	RATE	TOTAL
Post-training Feedback Report	[0]	[\$[0.00]	[\$[0.00]

Subtotal: \$[0.00]
Tax ([0] %): \$[0.00]
Amount Due: \$[0.00]

Payment Instructions:

Please make checks payable to [Name] or wire to: [Bank Details / Routing Number]
Payment is due within [Number] days of invoice date.