

PR AGENCY NAME

123 Communications Ave
New York, NY 10001
contact@agency.com

INVOICE

#INV-0001
Date: [Date]
Due: [Date]

CLIENT [Client Company Name]
[Contact Name]
[Client Address]
[Client Email]
PROJECT DETAILS Campaign: [Project Name]
PO Number: [PO-000]
Billing Period: [Month/Year]

DESCRIPTION OF PR SERVICES	HOURS/QTY	RATE	TOTAL
Monthly Retainer Strategic planning & media relations	1	\$0.00	\$0.00
Media Outreach & Pitching Targeted list development & follow-ups	0	\$0.00	\$0.00
Content Creation Press release (drafting & distribution)	0	\$0.00	\$0.00

DESCRIPTION OF PR SERVICES

HOURS/QTY RATE

TOTAL

Crisis Management / Consulting

Hourly advisory services

0

\$0.00

\$0.00

Subtotal: \$0.00

Tax (0%): \$0.00

Balance Due: \$0.00

PAYMENT INSTRUCTIONS

Wire Transfer: [Bank Name] | Account: [Number] | Routing: [Number]

Checks payable to: [Agency Name]

Terms: Net 30 days. Late fees apply after due date.