

INVOICE

[Consultancy Name]
[Street Address]
[City, State, Zip]
[Email/Phone]

Invoice #: [00001]

Date: [Month DD, YYYY]

Due Date: [Month DD, YYYY]

BILL TO:

[Client Name]
[Company Name]
[Street Address]
[City, State, Zip]

PROJECT:

[Campaign Name / Project Title]

Description of Services	Hours/Qty	Rate	Amount
Media Relations & Outreach	0.0	\$0.00	\$0.00
Press Release Drafting & Distribution	0.0	\$0.00	\$0.00
Crisis Communications Management	0.0	\$0.00	\$0.00

Description of Services	Hours/Qty	Rate	Amount
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Content Strategy & Social Media	0.0	\$0.00	\$0.00
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Subtotal: \$0.00

Tax: \$0.00

Total: \$0.00

NOTES & PAYMENT INSTRUCTIONS

Please make checks payable to **[Consultancy Name]** or pay via Wire Transfer to **[Bank Details]**. Thank you for your business.