[AGENCY NAME]

[Agency Address]
[City, State, Zip]
[Email/Phone]

INVOICE

INVOICE #: [000]
DATE: [Month Day, Year]

BILL TO:

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

BILLING PERIOD:
[Month, Year]

DESCRIPTION	QTY/HOURS	RATE	AMOUNT
Monthly Agency Retainer Strategic planning, account management, and creative services.	1	$0.00	$0.00
Ad Spend Management Fees [% Fee] of total media spend across platforms.	-	-	$0.00
Additional Project Work [Out-of-scope description]	[0]	$0.00	$0.00

Subtotal $0.00

Tax [0%] $0.00
Total Due $0.00

Payment Terms: Net [30] Days. Please make checks payable to [Agency Name].

Wire Transfer: [Bank Name] | **Account:** [00000000] | **Routing:** [00000000]