[AGENCY NAME]

[Address Line 1]
[City, State, Zip]
[Email/Website]

INVOICE

 # [0000]
Date: [Date]

BILL TO **[Client Name]**
[Contact Name]
[Client Address]
[Client Email]

TERMS Retainer Period: [Month, Year]
Due Date: [Date]
PO Number: [Optional]

DESCRIPTION OF STRATEGY SERVICES	HOURS/QTY	AMOUNT
Monthly Strategy Retainer Brand positioning maintenance, market analysis, and ongoing consulting.	1	$0.00
Creative Direction & Oversight Review of marketing collateral and brand alignment checks.	1	$0.00

Subtotal $0.00
Tax (0%) $0.00
Total Amount Due $0.00

PAYMENT INSTRUCTIONS

Please make all checks payable to [Agency Name]. For wire transfers: [Bank Name] | Account: [Number] | Routing: [Number]. Payment is due within [X] days of invoice date.