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

INVOICE

Date: [Date]
Invoice #: [0000]
PO #: [Optional]

BILL TO:

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

RETAINER PERIOD:

[Start Date] - [End Date]

Description of PR Services	Amount
Monthly PR Retainer Fee Media relations, strategy, and account management	$0.00
Pre-Approved Out-of-Pocket Expenses Wire distribution, clippings, travel	$0.00

Subtotal: $0.00

Tax: $0.00

Total Due: $0.00

PAYMENT TERMS

Payment is due within [Number] days. Please make checks payable to [Agency Name] or use the following wire instructions: [Bank Details].