[Agency Name]

[Street Address]
[City, State, Zip]
[Email Address]

INVOICE

Invoice #: [000]
Date: [MM/DD/YYYY]
Project: [Project Name]

CLIENT

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

PAYMENT TERMS

Due Date: [MM/DD/YYYY]
Method: [Wire/Check/Credit]

Description of Services	Quantity/Hours	Rate	Total
Monthly PR Retainer / Strategy Development	-	$0.00	$0.00
Media Outreach & Press Release Distribution	-	$0.00	$0.00
Crisis Management / Special Project Consulting	-	$0.00	$0.00

Description of Services	Quantity/Hours	Rate	Total
Reimbursable Expenses (Wire fees, travel, etc.)	-	$0.00	$0.00

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

Notes: Please include the invoice number with your payment. Thank you for your partnership.