INVOICE

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

INVOICE #
[001]

DATE
[Date]

BILL TO:

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

BILLING PERIOD:

[Month, Year]

Description	Rate	Qty	Total
Monthly Retainer Fee [Service Scope Summary]	$[0.00]	1	$[0.00]
Overage / Additional Hours [Description of extra work]	$[0.00]	[0]	$[0.00]

Description	Rate	Qty	Total
Third-Party Expenses [Reimbursable costs]	$[0.00]	1	$[0.00]

Subtotal: $[0.00]

Tax ([0]%): $[0.00]

Total Due: $[0.00]

PAYMENT TERMS

Please remit payment within [15] days of receipt via [Wire Transfer/ACH/Check].
Account Name: [Name] | Account #: [Number] | Routing: [Number]

Thank you for your continued partnership.