

INVOICE

[Your Agency Name]

Invoice #: [000]
Date: [Date]

Billed To:

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

Ads Account ID:
[000-000-0000]
Billing Period:
[Month, Year]

Description	Metric / Rate	Amount
Google Ads Account Management Fee	Flat Monthly Fee	\$0.00
Ad Spend Commission (if applicable)	[0]% of Spend	\$0.00
Campaign Setup & Optimization	One-time	\$0.00
Reporting & Strategy Consultation	Included	\$0.00

Subtotal: \$0.00
Tax: \$0.00
Total Due: \$0.00

Payment Instructions:
Please pay via [Payment Method] to [Account Details].
Payment is due within [Number] days.