

INVOICE

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

Invoice #: [0000]
Date: [Date]
Due Date: [Date]

BILL TO

[Client Company Name]
[Contact Name]
[Client Address]
[Client Tax ID]

CAMPAIGN PERIOD

[Month, Year]
PO Number: [Number]

Service Description	Metric / KPI	Rate / Commission	Amount
Monthly Retainer: Search Engine Marketing (SEM)	-	\$0.00	\$0.00
Paid Social Management Fee	[Ad Spend %]	0%	\$0.00
Performance Bonus: Lead Generation	[Qty] Leads	\$0.00 / Lead	\$0.00

Service Description	Metric / KPI	Rate / Commission	Amount
Creative Assets & A/B Testing	[Qty] Units	\$0.00 / Unit	\$0.00

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

PAYMENT INSTRUCTIONS

Bank: [Bank Name] | Account: [Number] | Routing: [Number] | SWIFT: [Code]

Please include invoice number as payment reference. Late payments are subject to a [0%] fee per month.