

INVOICE

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

Invoice #: [0001]
Date: [MM/DD/YYYY]
Due Date: [MM/DD/YYYY]

Bill To:

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

Campaign Period:

[Start Date] - [End Date]

Description	Platform	Quantity/Hours	Rate	Amount
PPC Campaign Management Fee	[Google/Meta]	1	\$0.00	\$0.00
Ad Copywriting & Creative	-	[Qty]	\$0.00	\$0.00
Landing Page Optimization	-	[Hrs]	\$0.00	\$0.00

Description	Platform	Quantity/Hours	Rate	Amount
Platform Ad Spend (Reimbursement)	[Platform]	1	\$0.00	\$0.00

Subtotal: \$0.00

Tax: \$0.00

Total Due: \$0.00

Payment Instructions:

Please include invoice number with payment. Wire transfer or check accepted.

Thank you for your business!