

[AGENCY NAME]

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

INVOICE

Date: [Date]
Invoice #: [000]

BILL TO:

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

CAMPAIGN / PROJECT:

[Project Name/Month]

SERVICE DESCRIPTION	HOURS/QTY	RATE	TOTAL
Monthly PR Retainer / Media Relations	[0]	\$0.00	\$0.00
Press Release Writing & Distribution	[0]	\$0.00	\$0.00
Social Media Management	[0]	\$0.00	\$0.00

SERVICE DESCRIPTION	HOURS/QTY	RATE	TOTAL
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Crisis Management / Consultation	[0]	\$0.00	\$0.00
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Subtotal: \$0.00

Tax/Expenses: \$0.00

TOTAL DUE: \$0.00

Payment Terms: Net 30. Please make checks payable to [Agency Name].

Wire Transfer: [Bank Name] | Account: [Number] | Routing: [Number]