

INVOICE

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

Invoice #: [0000]
Date: [Month DD, YYYY]
Due Date: [Month DD, YYYY]

BILL TO:

[Client Company Name]
[Contact Person]
[Street Address]
[City, State, Zip]

PROJECT:

[Campaign Name/Month]

DESCRIPTION OF SEM SERVICES	RATE/BUDGET	QUANTITY	TOTAL
Google Ads Management Fee	\$0.00	1	\$0.00
Keyword Research & Strategy	\$0.00	1	\$0.00

DESCRIPTION OF SEM SERVICES	RATE/BUDGET	QUANTITY	TOTAL
PPC Campaign Optimization	\$0.00	1	\$0.00
Landing Page Audit/A/B Testing	\$0.00	1	\$0.00
Subtotal: \$0.00			
Tax (0%): \$0.00			
<hr/> TOTAL DUE: \$0.00			

Payment Instructions:

Bank: [Bank Name] | Account: [Number] | Routing: [Number]
Please include Invoice # in the payment reference.

Thank you for your business!