

INVOICE

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

INVOICE # [0001]
DATE [Month Day, Year]
DUE DATE [Month Day, Year]

BILL TO

[Client Company Name]
[Attention: Name/Department]
[Street Address]
[City, State, Zip]

PROJECT / RETAINER

[Interim Marketing Management]
[Period: MM/DD - MM/DD]

DESCRIPTION OF SERVICES	HOURS/QTY	RATE	AMOUNT
[Service/Milestone Name - e.g., Strategy Oversight]	[0.00]	[\$[0.00]]	[\$[0.00]]
[Service/Milestone Name - e.g., Campaign Management]	[0.00]	[\$[0.00]]	[\$[0.00]]
[Reimbursable Expenses]	[1]	[\$[0.00]]	[\$[0.00]]

DESCRIPTION OF SERVICES

HOURS/QTY RATE

AMOUNT

SUBTOTAL **[\$0.00]**

TAX / VAT ([0]%) **[\$0.00]**

TOTAL DUE **[\$0.00]**

Payment Instructions:

Bank Name: [Name]

Account Number: [Number]

Routing/SWIFT: [Code]

PayPal/Digital: [Address]

Notes:

Please include invoice number in payment reference. Late payments are subject to a [0]% monthly fee.