INTERIM INVOICE

Integrated Marketing Campaign

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

BILL TO:
[Client Name]
[Contact Person]
[Client Address]

Invoice #: [00000]
Date: [Date]
Campaign Phase: [e.g., Phase 1 - Execution]
Due Date: [Date]

DESCRIPTION OF SERVICES / DELIVERABLES	UNITS/HRS	RATE	AMOUNT
Strategy & Planning: [Detailed description]	-	-	$0.00
Content Production: [Asset details]	-	-	$0.00
Media Placement: [Channel/Platform]	-	-	$0.00
Management Fee: [Retainer/Interim period]	-	-	$0.00

Subtotal: $0.00

Tax ([0]%): $0.00
TOTAL DUE: $0.00

Payment Instructions:
Please include invoice number with your payment. Direct deposit to [Bank Account Info].

Notes:
This is an interim invoice for work completed between [Start Date] and [End Date]. A final reconciliation will be provided upon campaign completion.