INVOICE

Media Relations Services

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

BILL TO:
[Client Name]
[Company Name]
[Address Line 1]
[Address Line 2]

Invoice #: [0000]
Date: [Date]
Due Date: [Date]

DESCRIPTION OF SERVICES	QUANTITY/HOURS	RATE	TOTAL
Press Release Writing & Distribution	[0]	$[0.00]	$[0.00]
Media Outreach & Pitching	[0]	$[0.00]	$[0.00]
Strategy & Consultative Services	[0]	$[0.00]	$[0.00]
Media Monitoring & Reporting	[0]	$[0.00]	$[0.00]

Subtotal: $[0.00]
Tax: $[0.00]

Total Amount Due: $[0.00]

Payment Instructions:
Please make checks payable to [Agency Name] or pay via wire transfer to Account #[000000].

Notes: Thank you for your business.