INVOICE

INVOICE #: _____

DATE: _____

[Consultant Name/Firm]

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

BILL TO:

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

PROJECT/CAMPAIGN:

[Campaign Name/Reference]

DUE DATE: _____

Description of Services	Hours/Qty	Rate	Total
Strategic Communications Planning			
Media Relations & Outreach			
Content Development (Press Releases/Op-Eds)			

Description of Services	Hours/Qty	Rate	Total
Crisis Management / Consultation			
Administrative / Reimbursable Expenses			

Subtotal: $0.00
Tax: $0.00

Total Due: $0.00

PAYMENT INSTRUCTIONS:

Please make checks payable to [Consultant Name] or transfer via [Bank Details/Platform].

Thank you for your business.