CONSULTING INVOICE

[Consultant Name/Agency]
[Address Line 1]
[Email / Phone]

Invoice #: [000]
Date: [Date]
Due Date: [Date]

BILL TO:

[Client Name]
[Company Name]
[Address Line 1]

PROJECT:

[Media Outreach Campaign Name]

Description of Services	Hours/Qty	Rate	Amount
Media List Research & Development	[0.00]	$[0.00]	$[0.00]
Press Release Drafting & Distribution	[0.00]	$[0.00]	$[0.00]
Journalist Pitching & Follow-ups	[0.00]	$[0.00]	$[0.00]
Media Coverage Monitoring & Reporting	[0.00]	$[0.00]	$[0.00]

Subtotal: $[0.00]
Tax: $[0.00]
Total Amount: $[0.00]

Payment Instructions: [Bank Name / Account Details / Transfer Info]

Thank you for your business.