PR FIRM NAME

123 Agency Blvd, Suite 100
New York, NY 10001
contact@agency.com

INVOICE

Invoice #: _____
Date: _____
Due Date: _____

CLIENT:

Client Company Name
Attn: Contact Person
Street Address
City, State, Zip

PROJECT:

Campaign Name / Monthly Retainer

SERVICE DESCRIPTION	HOURS / QTY	RATE	TOTAL
Monthly PR Retainer (Media Relations & Strategy)	-	$0.00	$0.00
Press Release Writing & Distribution	0.0	$0.00	$0.00
Social Media Management / Content Creation	0.0	$0.00	$0.00
Media Monitoring & Reporting Fees	-	$0.00	$0.00

Subtotal: $0.00

Expenses/Costs: $0.00

TOTAL DUE: $0.00

Payment Terms: Net 30. Please make checks payable to **PR FIRM NAME**.

Wire Transfer: Bank Name | Routing: XXXXXXXX | Account: XXXXXXXX