[CONSULTANT NAME]

Senior Public Relations Consultant
[Address, City, State, Zip]
[Email / Phone]

INVOICE

[Invoice Number]
[Date]

BILL TO

[Client Name / Company]
[Attn: Department]
[Address]
[City, State, Zip]

PAYMENT TERMS

Due Date: [Date]
PO Number: [Reference]

DESCRIPTION OF SERVICES	HOURS/QTY	RATE	AMOUNT
Retainer: PR Strategy & Account Management Monthly management, media relations, and advisory.	-	-	$0.00
Media Outreach & Press Release Development Drafting, distribution, and journalist follow-up.	0.00	$0.00	$0.00

DESCRIPTION OF SERVICES	HOURS/QTY	RATE	AMOUNT
Crisis Communications Consulting Hourly advisory and response planning.	0.00	$0.00	$0.00

Subtotal: $0.00
Tax: $0.00
Total Amount Due: $0.00

NOTES / PAYMENT INSTRUCTIONS

Please make checks payable to **[Consultant Name]** or wire transfer to:
Bank: [Bank Name] | Account: [Number] | Routing: [Number]

Thank you for your business. Senior PR Consulting Services © [Year]