

INVOICE

PR Agency Name
Address Line 1
City, State, Zip

Invoice #: _____
Date: _____
Due Date: _____

Bill To:

Client Name / Company
Contact Person
Address Line 1
City, State, Zip

Service Period:

Month: _____
Year: _____

DESCRIPTION OF SERVICES	AMOUNT
Monthly PR Retainer Fee Includes: Media relations, strategy, press release distribution, and monthly reporting.	\$0.00
Additional Billable Expenses Wire service fees, travel, or approved out-of-pocket costs.	\$0.00

Subtotal: \$0.00

Tax (if applicable): \$0.00

Total Balance Due: \$0.00

Payment Instructions:

Please make checks payable to [Agency Name] or pay via wire transfer to:
Bank: [Bank Name] | Account: [Number] | Routing: [Number]

Thank you for your partnership.