

# INVOICE

[Your Company Name]  
[Street Address]  
[City, State, Zip]

**Invoice #:** [000000]  
**Date:** [MM/DD/YYYY]  
**Campaign ID:** [CMP-000]

## BILL TO

**[Client Name]**  
[Client Company]  
[Street Address]  
[City, State, Zip]

## CAMPAIGN DETAILS

**Project:** [Campaign Name]  
**Drop Date:** [MM/DD/YYYY]  
**Total Volume:** [0,000] units

Description	Quantity	Unit Price	Total
Direct Mail Print Production (Postcards/Letters)	0	\$0.00	\$0.00
Mailing List Acquisition / Management	0	\$0.00	\$0.00
Addressing & Lettershop Services	0	\$0.00	\$0.00

Description	Quantity	Unit Price	Total
USPS Postage Fees (Presorted Standard)	0	\$0.00	\$0.00
Creative Design & Copywriting	1	\$0.00	\$0.00

Subtotal: \$0.00  
Tax: \$0.00  
Amount Due: \$0.00

**Payment Terms:** Net [30] Days. Please make checks payable to [Your Company Name].

Thank you for your business.