

[PR FIRM NAME]

[Street Address]
[City, State, Zip]
[Email/Phone]

INVOICE

No: _____
Date: _____

CLIENT / BILL TO

[Client Name]
[Company Name]
[Address]
[Email]

CAMPAIGN / PROJECT

[Project Title or Reference ID]
PO Number: _____

SERVICE DESCRIPTION	HOURS/QTY	RATE	TOTAL
Monthly Retainer - Media Relations			\$ 0.00
Press Release Wire Distribution			\$ 0.00
Content Creation & Strategy			\$ 0.00

SERVICE DESCRIPTION**HOURS/QTY RATE****TOTAL**

Crisis Management Consulting

\$ 0.00

Subtotal: \$ 0.00

Tax: \$ 0.00

Amount Due: \$ 0.00

PAYMENT TERMS

Please remit payment within [Number] days. Wire transfer and Check accepted.

Notes: [Bank Account details or additional message]