

INVOICE

Agency Name: [Company Name]
[Street Address], [City, State, Zip]
[Email Address]

Invoice #: [00001]
Date: [Date]
Due Date: [Date]

Bill To:
[Client Name]
[Client Company]
[Client Address]
Project: [Campaign Name/Quarter]

Description (SEM Services)	Quantity/Hours	Rate	Amount
PPC Campaign Management (Google/Bing)	[Qty]	[\$[0.00]]	[\$[0.00]]
Keyword Research & Strategy	[Qty]	[\$[0.00]]	[\$[0.00]]
Ad Copywriting & A/B Testing	[Qty]	[\$[0.00]]	[\$[0.00]]
Direct Ad Spend Reimbursement (if applicable)	[Qty]	[\$[0.00]]	[\$[0.00]]

Subtotal: \$[0.00]

Tax: \$[0.00]

Total Due: \$[0.00]

Payment Instructions: [Bank Name] | Account: [Number] | Wire/ACH Instructions

Thank you for your business. Please reach out to [Contact Name] for billing inquiries.