

TAX INVOICE

[Agency Name]
[Registration Number]
[Address Line 1]
[Address Line 2]

Invoice #: [00000]
Date: [Date]
Due Date: [Date]

CLIENT / BILL TO:

[Client Company Name]
[Tax ID / VAT No]
[Client Address]
[Contact Email]

CAMPAIGN DETAILS:

Campaign: [Campaign Name/ID]
Period: [Start Date] - [End Date]
PO Number: [PO-000]

Description	Metric / Volume	Rate / Unit	Amount
Programmatic Display (DSP Media Spend)	[0,000,000] Imps	[\$[0.00] CPM	[\$[0.00]
Video / Pre-roll Inventory	[0,000,000] Imps	[\$[0.00] CPM	[\$[0.00]
Data Provider / Audience Targeting Fees	[Flat/Variable]	-	[\$[0.00]

Description	Metric / Volume	Rate / Unit	Amount
Platform Tech Fee (%)	[0.0]%	-	[\$0.00]
Agency Management Fee	-	-	[\$0.00]

Subtotal: [\$0.00]

Tax ([0] %): [\$0.00]

Total Amount: [\$0.00]

PAYMENT INSTRUCTIONS

Bank Name: [Bank Name]

Account Name: [Account Name]

SWIFT/BIC: [Code]

IBAN: [Number]

Terms: Net [30] days. Please include Invoice Number as reference.