INVOICE

[Your Name/Agency]
[Street Address]
[City, State, Zip]
[Email/Phone]

INVOICE NUMBER INV-001
DATE [Date]
DUE DATE [Date]

BILL TO **[Client Name]**
[Company Name]
[Client Address]
[Client Email]
PROJECT/CAMPAIGN [Campaign Name - e.g., Monthly Management Q4]

SERVICE DESCRIPTION	QTY/HRS	RATE	AMOUNT
Social Media Management Content scheduling, engagement, and monitoring (Platform Name)	1	$0.00	$0.00
Content Creation Graphic design, copywriting, and video editing/Reels	1	$0.00	$0.00
Paid Ad Management Campaign setup and optimization	1	$0.00	$0.00

Subtotal $0.00
Tax (0%) $0.00

Total $0.00 USD

PAYMENT INSTRUCTIONS

Bank: [Bank Name] | Account: [Number] | Wire/IBAN: [Details]
Please include the invoice number as a payment reference.

Thank you for your business.