[AGENCY NAME]

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

INVOICE

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

BILL TO

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

PROJECT

[Project Name / Campaign]
Project Code: [Code]

SERVICE DESCRIPTION	STAFF/ROLE	HOURS	RATE	AMOUNT
[Creative Direction]	[Name/Senior]	[0.00]	$[0.00]	$[0.00]
[Copywriting & Messaging]	[Name/Junior]	[0.00]	$[0.00]	$[0.00]
[Graphic Design / UI]	[Name/Senior]	[0.00]	$[0.00]	$[0.00]

SERVICE DESCRIPTION	STAFF/ROLE	HOURS	RATE	AMOUNT
[Account Management]	[Name]	[0.00]	$[0.00]	$[0.00]

Subtotal $[0.00]
Tax ([0]%) $[0.00]
Total Amount Due $[0.00]

PAYMENT INSTRUCTIONS

Please make checks payable to **[Agency Name]** or wire transfer to **[Bank Details]**.
Payment is expected within [30] days of invoice date.