[Agency Name]

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

INVOICE

Invoice #: [0000]
Date: [Date]
Billing Period: [Month, Year]

BILL TO:

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

PAYMENT TERMS:

Net [30] Days

DESCRIPTION OF SERVICES	QTY/HRS	RATE	AMOUNT
Monthly PR Retainer - [Campaign Name]	1	$0.00	$0.00
Media Relations & Outreach	[0]	$0.00	$0.00
Content Creation (Press Releases, Articles)	[0]	$0.00	$0.00
Reimbursable Expenses (Clipping Services, Wire Fees)	1	$0.00	$0.00

Subtotal: $0.00

Tax (0%): $0.00

Total Balance Due: $0.00

Payment Instructions:
Please make checks payable to **[Agency Name]**.
For Bank Transfers: [Bank Name] | Account: [Number] | Routing: [Number]