

# [AGENCY NAME]

[Address Line 1]  
[Email/Phone]

## INVOICE

# [0000]  
[Date]

**CLIENT**            [Client Company Name]  
                         [Contact Name]                            **BILLING PERIOD**            [Month, Year]

**RETAINER**            [Plan Name/ID]                            **DUE DATE**            [Date]

DATE	ACTIVITY / TASK DESCRIPTION	CATEGORY	HOURS	RATE
[DD/MM]	[Task Description]	[Creative/Strat]	0.0	\$0.00
[DD/MM]	[Task Description]	[Design/Dev]	0.0	\$0.00
[DD/MM]	[Task Description]	[Meeting]	0.0	\$0.00

Retainer Base \$0.00  
Overage Hours \$0.00  
Total Due \$0.00

**Payment Terms:** Net 30. Please include invoice number with your wire transfer or check.