

# INVOICE

[Agency/Consultant Name]  
[Address Line 1]  
[Email/Contact]

**Invoice #:** [0001]  
**Date:** [MM/DD/YYYY]  
**Period:** [Month, Year]

## BILL TO

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**[Client Company Name]**  
[Contact Person]  
[Client Address]

## RETAINER TERMS

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**Monthly Allowance:** [00] Hours  
**Retainer Fee:** \$[0,000.00]  
**Overage Rate:** \$[000.00]/hr

DATE	SERVICE / ACTIVITY DESCRIPTION	CATEGORY	HOURS	COST
[MM/DD]	Monthly Retainer Base Fee	Flat Fee	-	\$0.00
[MM/DD]	Campaign Strategy & Keyword Research	PPC	0.0	\$0.00
[MM/DD]	A/B Ad Creative Testing & Optimization	Paid Social	0.0	\$0.00
[MM/DD]	GA4 Reporting & Pixel Troubleshooting	Analytics	0.0	\$0.00
[MM/DD]	Overage: [Reason for exceeding hours]	Overage	0.0	\$0.00

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Retainer Subtotal \$0.00  
Overage Fees \$0.00  
Total Due \$0.00

#### **PAYMENT INSTRUCTIONS**

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Please remit payment via Bank Transfer or Stripe within 15 days of invoice date.  
Bank: [Bank Name] | Account: [Number] | Routing: [Number]