INVOICE

[Agency Name]
[Address Line 1]
[Email / Phone]

Invoice #: _____
Date: _____
Period: _____

Client:

[Client Company Name]
[Contact Name]
[Billing Address]

Retainer Terms:

Monthly Retainer Hours: ____
Overage Rate: $____ / hr

DATE	ACTIVITY / PR SERVICE	STAFF	HOURS

Total Retainer Hours Used: _____
Retainer Fee: $_____

Additional Overage Fees: $_____

Total Due: $_____

Notes:

Please make all checks payable to [Agency Name]. Payment is due within [15/30] days.