# AGENCY NAME

123 Creative St, Studio 4
New York, NY 10001
contact@agency.com

## PROFORMA INVOICE

Date: [Date]
Reference: [PF-000]
Campaign: [Campaign Name]

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**BILL TO:**

[Client Name]
[Client Address]
[Tax ID / VAT No]

**MEDIA PERIOD:**

Start Date: [Date]
End Date: [Date]

| Media Channel / Platform | Placement Details | Metric (Est.) | Net Cost |
|---|---|---|---|
| [e.g. Meta Ads] | [Targeting / Placement] | [Impressions/Clicks] | $0.00 |
| [e.g. Google Search] | [Keyword Set] | [Est. Clicks] | $0.00 |
| [e.g. Programmatic] | [Display Banner] | [CPM] | $0.00 |

Media Net Total: $0.00
Agency Management Fee (%): $0.00
Tax / VAT: $0.00

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**Total Amount Due: $0.00**

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**Payment Terms:** Pre-payment required prior to media launch.
**Bank Details:** [Bank Name] | **SWIFT:** [Code] | **Account:** [Number]

*Note: This is a proforma invoice based on estimated delivery. Final reconciliation will occur post-campaign.*