INVOICE

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

INVOICE NUMBER

#INV-000

DATE

[Month DD, YYYY]

BILL TO

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

PERIOD

[Start Date] - [End Date]

DESCRIPTION OF SERVICES	HOURS/QTY	RATE	AMOUNT
Monthly Creative Services Retainer	1	$0.00	$0.00
Additional Hours / Overages	0	$0.00	$0.00

Subtotal $0.00

Tax (0%) $0.00
Total Due $0.00

PAYMENT TERMS

Net [30] days. Please make checks payable to [Agency Name] or pay via [Direct Transfer Details].