

AGENCY INVOICE

[Agency Name]
[Street Address]
[City, State, Zip]
[Email/Phone]

Invoice #: _____

Date: _____

PO #: _____

BILL TO

[Client Company Name]
[Contact Name]
[Client Address]
[Tax ID/VAT]

CAMPAIGN DETAILS

Campaign: _____

Period: _____

Account Exec: _____

Media Provider / Description	Gross Media Spend	Commission Rate (%)	Commission Amount
[Media Channel/Vendor]	\$ 0.00	0%	\$ 0.00
[Media Channel/Vendor]	\$ 0.00	0%	\$ 0.00

Media Provider / Description	Gross Media Spend	Commission Rate (%)	Commission Amount
[Production/Other Services]	\$ 0.00	0%	\$ 0.00

Total Gross Spend: \$ 0.00
Total Agency Commission: \$ 0.00
Tax (if applicable): \$ 0.00
Total Amount Due: \$ 0.00

PAYMENT INSTRUCTIONS

Bank Name: [Name]
Account Number: [Number]
Routing/SWIFT: [Code]

Terms: Due within [X] days of invoice date.