[PR FIRM NAME]

[ADDRESS LINE 1] | [EMAIL] | [PHONE]

INVOICE

[Invoice Number]
Date: [Date]

BILL TO:

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

PROJECT / CAMPAIGN:

[Project Name/Description]
Billing Period: [Start Date] - [End Date]

Service Description	Hours/Qty	Rate	Amount
Media Relations & Outreach	0.00	$0.00	$0.00
Press Release Composition	0.00	$0.00	$0.00
Strategy & Consulting Retainer	0.00	$0.00	$0.00
Crisis Management Support	0.00	$0.00	$0.00

Subtotal: $0.00

Tax: $0.00

Total Due: $0.00

PAYMENT INSTRUCTIONS:

Please make checks payable to **[Firm Name]** or pay via Bank Transfer to Account: **[Number]**.
Payment is due within [Number] days of invoice date.