CRISIS MANAGEMENT INVOICE

[Agency Name]
[Agency Address]

Invoice #: [00000]
Date: [MM/DD/YYYY]
Due Date: [MM/DD/YYYY]

CLIENT

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

CAMPAIGN REFERENCE

[Campaign Name/Project ID]
[Lead Consultant Name]

SERVICE DESCRIPTION	HOURS/QTY	RATE	TOTAL
Rapid Response & Strategy Emergency messaging, stakeholder mapping, and 24/7 monitoring.	[0.00]	$[0.00]	$[0.00]
Media Relations & Spokesperson Services Press release distribution, media training, and inquiry handling.	[0.00]	$[0.00]	$[0.00]
Digital Sentiment Recovery Social media moderation, SEO cleanup, and narrative control.	[0.00]	$[0.00]	$[0.00]
Legal & Compliance Liaison Coordination with legal counsel for public disclosures.	[0.00]	$[0.00]	$[0.00]

Subtotal: $[0.00]
Tax/VAT: $[0.00]

Amount Due: $[0.00]

PAYMENT INSTRUCTIONS

Bank Name: [Name] | Account #: [00000000] | Routing: [00000000]

Terms: Net [Number] days. Late payments are subject to a [0]% monthly fee.