INVOICE

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

Invoice #: [0000]
Date: [Date]
Campaign ID: [Reference]

Client:

[Client Name]
[Organization/Company]
[Billing Address]

Project:

[Government Relations Campaign Title]
Billing Period: [Start Date] - [End Date]

Description of Services / Lobbying Activity	Quantity/Hrs	Rate	Amount
Legislative Analysis & Strategy Development	[0]	$[0.00]	$[0.00]
Direct Advocacy & Representative Meetings	[0]	$[0.00]	$[0.00]
Regulatory Monitoring & Reporting	[0]	$[0.00]	$[0.00]
Grassroots Mobilization / Media Coordination	[0]	$[0.00]	$[0.00]

Description of Services / Lobbying Activity	Quantity/Hrs	Rate	Amount
Reimbursable Expenses (Travel, Filing Fees)	1	$[0.00]	$[0.00]

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

Total Due: $[0.00]

Notes: All lobbying activities reported are in compliance with local/federal ethics regulations.

Payment Terms: Due within [X] days. Please make checks payable to [Firm Name].