INVOICE

Media Relations & PR Services

Invoice #: _____
Date: _____
Due Date: _____

FROM:

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

BILL TO:

[Client Name/Company]
[Contact Name]
[Street Address]
[City, State, Zip]

Campaign Activity / Description	Quantity/Hours	Rate	Amount
Press Release Distribution & Wire Fees			
Media Pitching & Journalist Outreach			
Strategic Communications Planning			

Campaign Activity / Description	Quantity/Hours	Rate	Amount
Interview Coordination & Media Training			
Campaign Reporting & Analytics			

Subtotal: $0.00
Tax/VAT: $0.00

Total Due: $0.00

Payment Instructions:

Please make checks payable to [Name] or transfer to [Bank Details].
Thank you for your business!