INVOICE

[Your Agency Name]
[Address Line 1]
[Email / Phone]

Invoice #: _____
Date: _____
Due Date: _____

BILL TO:

[Client Name]
[Business Name]
[Client Address]

Marketing Strategy Service Description	Hours/Qty	Rate	Total
Market Research & Competitor Analysis			
Social Media Strategy & Calendar Setup			
SEO Audit & Keyword Strategy			
Email Marketing Automation Setup			
PPC Campaign Management			

Subtotal: _____

Tax: _____

Grand Total: $_____

Payment Terms:

Please make checks payable to [Your Agency Name]. For bank transfers, use Account #: _____. Payment is due within 15 days of receipt.