

INVOICE

Agency Name
123 Media Blvd, Suite 100
New York, NY 10001
contact@agency.com

Invoice #: [0001]
Date: [Date]
Due Date: [Date]

BILL TO:

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

PROJECT:

[Press Release Title / Campaign Name]

Description	Quantity	Rate	Amount
Press Release Copywriting (standard 500 words)	[Qty]	\$0.00	\$0.00
Revision Cycles (Exceeding Included Amount)	[Qty]	\$0.00	\$0.00
Newswire Distribution (Premium Tier)	[Qty]	\$0.00	\$0.00
Media Pitching & Outreach Services	[Hrs]	\$0.00	\$0.00

Subtotal: \$0.00

Tax (0%): \$0.00

Total Balance Due: \$0.00

Payment Instructions:

Please include invoice number with your payment via [Bank Transfer/PayPal/Check].

Thank you for your business.