INVOICE

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

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

Bill To:

[Client Name]
[Company Name]
[Client Address]
[City, State, Zip]

Project Reference:

[Campaign Name / Month]
[Account Manager]

Service Description	Hours/Qty	Rate	Total
Media Relations & Outreach	0.0	$0.00	$0.00
Content Creation (Press Releases/Articles)	0.0	$0.00	$0.00
Crisis Management / Consultation	0.0	$0.00	$0.00
Social Media Management	0.0	$0.00	$0.00

Subtotal: $0.00

Tax (0%): $0.00

Total Balance Due: $0.00

Payment Instructions:
Please make checks payable to [Your Agency Name].
Bank Transfer: [Bank Name] | Account: [Number] | Routing: [Number]

Thank you for your business.