

# INVOICE

Digital Content Specialist Services

INVOICE NUMBER

#001

DATE

[Date]

FROM

[Your Name/Business]

[Street Address]

[City, State, Zip]

[Email Address]

BILL TO

[Client Name]

[Company Name]

[Street Address]

[Email Address]

Description of Content Services	Qty/Hours	Rate	Amount
Content Strategy & Planning	-	\$-	\$-
Copywriting & SEO Optimization	-	\$-	\$-
Social Media Asset Creation	-	\$-	\$-

Description of Content Services	Qty/Hours	Rate	Amount
---------------------------------	-----------	------	--------

CMS Management & Publishing	-	\$-	\$-
-----------------------------	---	-----	-----

Subtotal: \$-

Tax: \$-

**Total Balance Due: \$0.00**

**PAYMENT INSTRUCTIONS**

Please make payment within [15/30] days of receipt.  
Bank: [Bank Name] | Account: [Number] | Wire/Swift: [Code]