

[AGENCY NAME]

[Street Address]
[City, State, Zip]
[Email/Phone]

INVOICE

Invoice #: [00001]

Date: [Month DD, YYYY]

Due Date: [Month DD, YYYY]

BILL TO:

[Client Company Name]
[Contact Name]
[Address Line 1]
[Address Line 2]

PROJECT REFERENCE:

Service Period: [Start Date] - [End Date]
Campaign: [Campaign Name/Account]

Service Description	Quantity/Hours	Rate	Amount
Social Media Strategy & Content Calendar Planning	[1]	[\$[0.00]]	[\$[0.00]]
Daily Post Management & Community Engagement	[1]	[\$[0.00]]	[\$[0.00]]

Service Description	Quantity/Hours	Rate	Amount
Paid Social Advertising Management (Ad Spend Excluded)	[1]	[\$[0.00]]	[\$[0.00]]
Graphic Design & Content Creation	[Qty]	[\$[0.00]]	[\$[0.00]]
Monthly Analytics & Performance Reporting	[1]	[\$[0.00]]	[\$[0.00]]

Subtotal: \$[0.00]
Tax ([0]%): \$[0.00]

Total Amount Due: \$[0.00]

Payment Instructions:

Bank: [Bank Name] | Account: [Number] | Wire/Swift: [Code]
Please include invoice number as payment reference.

Terms: Net [30] Days. Thank you for your business.