

[AGENCY NAME]

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

INVOICE

[00000]
Date: [Date]
Due Date: [Date]

BILL TO:

[Client Company Name]
[Contact Person]
[Client Address]
[Tax ID/VAT]

PROJECT REFERENCE:

[Campaign Name/PO Number]
Billing Period: [Start] - [End]

Service Description	Qty/Hours	Rate	Amount
Social Media Strategy & Planning	-	-	\$0.00
Content Creation (Graphic & Copy)	-	-	\$0.00
Paid Social Media Ad Management	-	-	\$0.00

Service Description	Qty/Hours	Rate	Amount
Community Management & Engagement	-	-	\$0.00
Analytics & Performance Reporting	-	-	\$0.00
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Subtotal: \$0.00			
Tax ([0] %): \$0.00			
Total Amount: \$0.00			

PAYMENT INSTRUCTIONS

Bank: [Bank Name] | Account: [Number] | Wire/Swift: [Code]

Please include invoice number in payment reference. Late payments are subject to a [0] % monthly fee.