AGENCY NAME

INVOICE

#INV-0000

FROM
Agency Business Name
Street Address
City, State, Zip
email@agency.com

BILL TO
Client Company Name
Client Contact Person
Street Address
City, State, Zip

INVOICE DATE
Month DD, YYYY
DUE DATE
Month DD, YYYY

Service Description	Ad Spend / Rate	Fee % / Qty	Total
Google Ads Management Fee Monthly optimization & maintenance	$0.00	1	$0.00
Percentage of Ad Spend Ad Spend: $0.00	$0.00	0%	$0.00
Campaign Setup / Audit One-time implementation fee	$0.00	1	$0.00

Subtotal $0.00

Tax (0%) $0.00

Amount Due $0.00 USD

PAYMENT INSTRUCTIONS

Please include invoice number with your payment. Direct Deposit or Credit Card accepted.

Thank you for your business!