# INVOICE

[Your Agency Name]
[Address Line 1]
[Email/Phone]

**Invoice #:** [001]
**Date:** [Date]
**Due Date:** [Date]

**BILL TO:** [Client Name]
[Client Company]
[Client Address]
**CAMPAIGN PERIOD:** [Start Date] - [End Date]

| PPC PLATFORM / SERVICE | METRIC / DETAILS | RATE/MARKUP | AMOUNT |
|---|---|---|---|
| Google Ads Management | Monthly Management Fee | - | $0.00 |
| Meta Ads (FB/IG) | Direct Ad Spend Re-bill | - | $0.00 |
| Search Engine Marketing | Keyword Research & Copy | $0.00/hr | $0.00 |
| Landing Page Optimization | A/B Testing & Updates | - | $0.00 |

Subtotal: $0.00
Tax (0%): $0.00
Total Due: $0.00

**Payment Terms:** Please pay within 15 days via Wire Transfer or Credit Card.

Thank you for your business.