

# INVOICE

## Social Media Advertising Services

**Invoice No:**

**Date:**

**Billed To:**

Name:

Company:

Address:

Email:

| Description                          | Quantity             | Unit Price           | Amount               |
|--------------------------------------|----------------------|----------------------|----------------------|
| Social Media Campaign Setup          | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Monthly Ad Management                | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Ad Spend (Facebook, Instagram, etc.) | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <b>Total</b>                         |                      |                      | <input type="text"/> |

**Notes:**

Authorized Signature:

Date: