

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"/>
Total			<input type="text"/>

Notes:

Authorized Signature:

Date: