

# Monthly Social Media Management Bill

**Bill To:**

**Billing Period:**

Description	Hours	Rate	Amount
Content Creation	<input type="text"/>	<input type="text"/>	<input type="text"/>
Post Scheduling	<input type="text"/>	<input type="text"/>	<input type="text"/>
Community Management	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Total Amount Due:**

**Payment Due Date:**

Thank you for your business!