

MEDIA INVOICE

\_\_\_\_\_  
\_\_\_\_\_

Invoice Number: \_\_\_\_\_ Invoice Date: \_\_\_\_\_

Campaign Name: \_\_\_\_\_ Billing Period: \_\_\_\_\_

PO / Reference: \_\_\_\_\_ Payment Terms: \_\_\_\_\_

**ADVERTISER / CLIENT**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MEDIA AGENCY**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

MEDIA VEHICLE / PLATFORM	FORMAT / MEDIUM	FLIGHT / RUN DATE	QTY / IMPRESSIONS	RATE / CPM	GROSS AMOUNT

Gross Media Cost

Agency Fee / Comm.

Tax / VAT

**Total Due**

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APPROVED BY (CLIENT AUTHORIZED SIGNATURE)

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**Payment Instructions & Bank Wire Details:**

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