

BILLING STATEMENT

Statement No: Date: Due Date:

CLIENT INFORMATION

Client Name:
Company:
Address:
Email/Phone:

CAMPAIGN PARAMETERS

Campaign Name:
Billing Period:
Platform(s):
PO Number:

PLATFORM	ACTIVITY / FORMAT DETAILS	METRICS (IMPRESSIONS/CLICKS)	UNIT RATE / CPM	TOTAL AMOUNT
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PAYMENT INSTRUCTIONS

Bank Name:
Account Name:
Account No:
SWIFT/BIC:

Thank you for your business!

Subtotal:

Agency Fee (%):

Tax:

Total Due:

