

MEDIA SERVICES AGENCY

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INVOICE

BILL TO

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.....

Invoice No:

Date:

Due Date:

PO Number:

CAMPAIGN NAME

FLIGHT START DATE

FLIGHT END DATE

MEDIA CHANNEL / OUTLET

DESCRIPTION & SPECIFICATIONS

IMPRESSIONS /
SPOTS

RATE

AMOUNT

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.....
.....
.....
.....

Gross Media
Cost:

Agency
Commission (%):

Planning/Setup
Fee:

Tax / VAT:

Total Due:

PAYMENT TERMS & CONDITIONS
