



INVOICE

Invoice No: _____
Date: _____
Due Date: _____
P.O. Number: _____

ADVERTISER / CLIENT

AGENCY (IF APPLICABLE)

Campaign: _____ Flight Dates: _____
Brand/Product: _____ Contract Ref: _____

DESCRIPTION OF SERVICES / PLACEMENTS	MEDIUM / OUTLET	QTY / IMPS	UNIT RATE	TAX (%)	AMOUNT
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REMITTANCE & PAYMENT INSTRUCTIONS



Gross Subtotal: _____

Agency Commission: _____

Net Subtotal: _____

Tax / VAT: _____

Total Due: _____

Authorized Representative (Issuer)

Client Acceptance / Sign-off

Thank you for your business. For billing inquiries, please contact the finance department.