BILLING STATEMENT

Statement #:

Date:

Due Date:

SECURITY PROVIDER

CLIENT / BILL TO

Event Name		**Event Date(s)**	
Event Location		**Contact Person**	

DATE	SERVICE DESCRIPTION / PERSONNEL ROLE	QTY / GUARDS	HOURS	RATE / HR	TOTAL

Subtotal	
Tax / VAT	
Adjustment / Fee	
Total Due	

PAYMENT TERMS & SPECIAL INSTRUCTIONS

AUTHORIZED CLIENT SIGNATURE

PREPARED BY (SECURITY REPRESENTATIVE)

Thank you for your business. Security services provided with professional diligence.