BIWEEKLY SERVICE BILLING

Invoice No: _____

Date: _____

Billing Period: _____

CLIENT INFORMATION

Name: _____

Address: _____

Phone: _____

Email: _____

PAYMENT TERMS

Due Date: _____

Method: _____

Reference: _____

DATE	SERVICE DESCRIPTION	HOURS / QTY	RATE	TOTAL AMOUNT

Subtotal: _____

Tax / Vat: _____

Total Due: _____

NOTES / SPECIAL INSTRUCTIONS

Provider Signature	Client Signature
Date: _____	Date: _____