



# BILLING STATEMENT

Statement No:

\_\_\_\_\_

Date:

\_\_\_\_\_

Due Date:

\_\_\_\_\_

PO Reference:

\_\_\_\_\_

## SERVICE PROVIDER

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## CLIENT / BILLED TO

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TEST / LOT ID	DESCRIPTION OF QC SERVICE	STANDARD / METHOD	QTY/HRS	UNIT PRICE	AMOUNT
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_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Quality Assurance Notes / Payment Terms:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Subtotal:

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Tax / VAT:

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**Total Due:**

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\_\_\_\_\_  
AUTHORIZED LAB SIGNATURE

\_\_\_\_\_  
CLIENT ACCEPTANCE