

STATEMENT

Statement No: _____

Date: _____

Billing Period: _____

BILL TO

Client Name: _____

Company: _____

Address: _____

Email/Phone: _____

CONTRACT INFORMATION

Contract ID: _____

Support Tier: _____

SLA Level: _____

Renewal Date: _____

DESCRIPTION OF SERVICES	QTY / HOURS	UNIT RATE	AMOUNT
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Base Support Tier Fee (Recurring)

Included Tier Hours

Overage Support Hours Used

Additional Add-on Services / Out-of-Scope Work

Subtotal: _____

Taxes / VAT: _____

Discounts /
Adjustments: _____

Total Due:

PAYMENT TERMS & CONTRACT NOTES

Client Representative Signature

Authorized Provider Signature