

Accrued Income Statement

Statement No: _____

TO (CLIENT / CUSTOMER)

Date: _____

Period: _____

PROJECT / CONTRACT DETAILS

DATE	DESCRIPTION OF SERVICES / DELIVERABLES	QTY / HOURS	RATE	AMOUNT
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Total Unbilled
Accrued: _____
Adjustments: _____
Net Accrued
Income: _____

PREPARED BY _____

APPROVED BY