

BILLING STATEMENT

General Transcription Services

Statement No: _____

Date: _____

Due Date: _____

SERVICE PROVIDER

Name/Company: _____

Address: _____

Phone: _____

Email: _____

CLIENT INFORMATION

Client Name: _____

Company: _____

Address: _____

Email: _____

DATE OF SERVICE	AUDIO/VIDEO FILE REFERENCE	DURATION (MM:SS)	RATE / MINUTE	AMOUNT

Subtotal

Tax / VAT (____%)

Discount

Total Due

PAYMENT TERMS & INSTRUCTIONS

Payment is requested within _____ days of statement date.

Please send payments via:

Bank Name: _____

Account Number: _____

Routing / BIC: _____

PayPal / Other: _____

