

WIP BILLING STATEMENT

Statement No: _____

Date: _____

Period Ending: _____

CLIENT INFORMATION

Client Name: _____

Contact Person: _____

Address: _____

Phone / Email: _____

PROJECT DETAILS

Project Name: _____

Project ID: _____

Contract Value: _____

Total Billed: _____

DATE	REFERENCE NO.	DESCRIPTION OF WORK PERFORMED	HOURS / QTY	RATE / PRICE	UNBILLED AMOUNT

Total Unbilled WIP: _____

Adjustments / Discounts: _____

Tax Amount: _____

Total Amount to Bill:

PREPARED BY

AUTHORIZED APPROVED BY