

BILLING STATEMENT

Statement No: _____
Date: _____
Billing Period: _____
Due Date: _____

PROVIDER / CONSULTANT

CLIENT / RECIPIENT

DATE	DESCRIPTION OF SERVICES	HOURS / QTY	RATE	AMOUNT
------	-------------------------	-------------	------	--------

Payment Terms & Special Instructions

Subtotal: _____

Retainer Applied: _____

Tax / Other: _____

Total Due: _____

Authorized Signature

Client Acceptance Signature

Continuous Professional Services Statement