



# BILLING STATEMENT

Statement No.

Date

Due Date

Customer ID

Contract/PO

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SERVICE PROVIDER**

**CLIENT / BILL TO**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DESCRIPTION OF SERVICES RENDERED	HOURS / QTY	RATE	LINETOTAL

Subtotal

\_\_\_\_\_

Tax / VAT (\_\_\_%)

\_\_\_\_\_

Adjustments

**Total Due**

**PAYMENT TERMS & INSTRUCTIONS**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
AUTHORIZED REPRESENTATIVE SIGNATURE

\_\_\_\_\_  
DATE

