BILLING STATEMENT

Fortnightly Service Period

Statement No: _____

Date: _____

Period Start: _____

Period End: _____

SERVICE PROVIDER

NAME

ADDRESS

PHONE

EMAIL

CLIENT INFORMATION

NAME

ADDRESS

PHONE

EMAIL

DATE	DESCRIPTION OF SERVICES (WEEK 1 & 2)	HOURS/QTY	RATE	AMOUNT

Subtotal: _____

Tax/VAT:	
Total Due:	

Payment Terms & Instructions

Thank you for your business.