

STATEMENT

Statement No:

Date:

Due Date:

PO / Ref:

CLIENT / BILL TO

PROJECT DETAILS

DESCRIPTION OF SERVICES

**HOURS /
QTY**

RATE

AMOUNT

DESCRIPTION OF SERVICES

**HOURS /
QTY**

RATE

AMOUNT

Subtotal

Tax / VAT

Adjustment

Total Due

PAYMENT TERMS & BANK INSTRUCTIONS

Beneficiary Bank:

Account Name:

Account Number:

SWIFT / BIC:

Routing Transit:

Terms:

CLIENT ACCEPTANCE SIGNATURE

AUTHORIZED AGENCY SIGNATURE