PR Billing Statement

Statement Date:

Statement No:

Billing Period:

Payment Due:

CLIENT INFORMATION

CAMPAIGN / PROJECT

PR SERVICES & ACTIVITIES DESCRIPTION	HOURS / QTY	RATE	TOTAL AMOUNT

Services Subtotal:

Reimbursable Expenses:

Tax:

Total Due:

PAYMENT TERMS & INSTRUCTIONS

APPROVAL SIGNATURES

CONSULTANT SIGNATURE

CLIENT SIGNATURE / DATE