

# ANNUAL BILLING SUMMARY

Statement Date: \_\_\_\_\_

Account Number: \_\_\_\_\_

Billing Year: \_\_\_\_\_

## CUSTOMER INFORMATION

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## BILLING CONTACT

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PERIOD	INVOICE NUMBER	INVOICE DATE	BILLED AMOUNT	AMOUNT PAID	BALANCE DUE
January					
February					
March					
April					
May					
June					
July					
August					
September					
October					
November					
December					

**Annual Billed Total:** \_\_\_\_\_

**Annual Paid Total:** \_\_\_\_\_

**Outstanding  
Balance:**

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**Notes & Instructions**