

STRATEGIC BUSINESS PLANNING

BILLING STATEMENT

Statement No. _____

Date _____

Project Code _____

SERVICE PROVIDER

PREPARED FOR

STRATEGIC SERVICE / DELIVERABLE DESCRIPTION	HOURS / QTY	RATE / UNIT	TOTAL AMOUNT
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Subtotal	---
Tax / Adjustments	---
Total Balance Due	---

STRATEGIC PARTNERSHIP & PAYMENT TERMS

AUTHORIZED CONSULTANT SIGNATURE

CLIENT ACCEPTANCE SIGNATURE