

ACCRUED BUT UNBILLED REVENUE STATEMENT

Statement No: _____
Date: _____
Accrual Period: _____

CLIENT INFORMATION

Client Name: _____

Billing Address: _____

Contact Person: _____

PROJECT / CONTRACT DETAILS

Project Name: _____

Project ID/Ref: _____

Contract Type: _____

DATE / MILESTONE	DESCRIPTION OF UNBILLED ACTIVITY / DELIVERABLE	HOURS / QTY	RATE / UNIT PRICE	TOTAL AMOUNT

Subtotal: _____

Adjustments: _____

Total Unbilled Accrual:

NOTES / EXPLANATION FOR UNBILLED STATUS:

PREPARED BY (FINANCE/ACCOUNTING)

Date:

AUTHORIZED APPROVAL

Date: