

CHANGE MANAGEMENT

Deliverables Billing Statement

STATEMENT DATE _____

STATEMENT REF # _____

PROJECT NAME _____

DUE DATE _____

PROVIDER NAME _____

ADDRESS _____

CONTACT EMAIL _____

CLIENT INFORMATION

CLIENT NAME _____

DIVISION/DEPT _____

BILLING ADDRESS _____

CHANGE INITIATIVE SPONSOR

EXECUTIVE SPONSOR _____

PROJECT LEAD _____

PO NUMBER / CODE _____

CHANGE MANAGEMENT DELIVERABLES & MILESTONES

DELIVERABLE DESCRIPTION / PHASE	COMPLETION DATE	UNITS / HRS	UNIT RATE	TOTAL AMOUNT

Subtotal _____

Tax / VAT _____

Total Statement Due _____

PAYMENT INSTRUCTIONS & DELIVERABLE SIGN-OFF TERMS

DELIVERABLE ACCEPTANCE & AUTHORIZATION

CLIENT AUTHORIZED SIGNATORY

CHANGE MANAGEMENT CONSULTANT SIGNATURE

DATE

DATE