

MONTHLY BILLING STATEMENT

Subcontractor Services

Statement No: _____

Date: _____

Billing Period: _____

SUBCONTRACTOR INFO

Company: _____

Contact: _____

Address: _____

Phone: _____

Email: _____

CONTRACTOR / CLIENT INFO

Company: _____

Project Name: _____

Contract No: _____

Contact: _____

Email: _____

Task / Item No.	Description of Outsourced Services / Deliverables	Hours/Qty	Rate / Unit Price	Total Amount

Subtotal: _____

Retainage (%): _____

Tax / Other: _____

Total Due: _____

PAYMENT INSTRUCTIONS & TERMS

Subcontractor Representative Signature

Date: _____

Contractor / Client Authorized Signature

Date: _____