

UNBILLED RECEIVABLES STATEMENT

Statement Date: _____

Statement No: _____

Reporting Period: _____

Client Information

Client Name: _____

Contact Person: _____

Billing Address: _____

Email / Phone: _____

Project Details

Project Name: _____

Project Code: _____

Contract Value: _____

Payment Terms: _____

Date / Phase	Description of Work Completed	Total Earned Value	Amount Previously Billed	Unbilled Receivable Amount

Total Earned: _____

Less Total Billed: _____

Total Unbilled Receivables: _____

Approved By (Authorized Signatory)