

# DEBIT INVOICE

Underbilled Service Hours Balance Due

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**BILL TO**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Debit Invoice No. \_\_\_\_\_

Date \_\_\_\_\_

Original Invoice No. \_\_\_\_\_

Original Invoice Date \_\_\_\_\_

Payment Due Date \_\_\_\_\_

| DESCRIPTION OF SERVICE | ACTUAL HOURS | BILLED HOURS | UNDERBILLED | HOURLY RATE | DEBIT AMOUNT |
|------------------------|--------------|--------------|-------------|-------------|--------------|
|                        |              |              |             |             |              |
|                        |              |              |             |             |              |
|                        |              |              |             |             |              |

Subtotal Due \_\_\_\_\_

Tax Rate / Tax Amount \_\_\_\_\_

**Total Balance Due**

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**EXPLANATION & PAYMENT TERMS**

\_\_\_\_\_  
\_\_\_\_\_