Phone:
Email:

BILLING STATEMENT

Invoice No:

Date:

Payment Due:

P.O. Number:

CLIENT / BILL TO

ATTENTION / DEPARTMENT

CANDIDATE / POSITION	PLACEMENT TYPE	HOURS / FLAT RATE	RATE / FEE %	TOTAL

Subtotal:

Tax / VAT:

Total Due:

Payment Terms & Instructions

Please remit payment to the bank account detailed below within the specified payment terms. All rates are subject to the terms of our signed staffing agreement.

Bank Name:

Account No:

Routing / BIC: