

BILLING STATEMENT

Contractual Services

Statement No: _____

Date: _____

Due Date: _____

Contract ID: _____

CONTRACTOR / SERVICE PROVIDER

.....
.....
.....
.....

CLIENT / RECIPIENT

.....
.....
.....
.....

DATE	DESCRIPTION OF SERVICES RENDERED	HOURS/QTY	RATE	TOTAL

Subtotal _____

Tax / Other _____

Total Due

PAYMENT TERMS & INSTRUCTIONS

.....
.....

Contractor Signature

Client Authorized Signature