

BILLING STATEMENT

Invoice No: _____
Date: _____
Due Date: _____
PO Number: _____

CLIENT INFORMATION

Company

Contact

Address

Email / Tel

PROJECT REFERENCE

Project Name

Study Period

Target Audience

Methodology

DESCRIPTION OF SERVICES	QUANTITY	UNIT RATE	TOTAL
I. FOCUS GROUP SERVICES			
Recruitment & Screening (Participants)			
Moderator Fees (Design & Execution)			
Facility Rental & Hosting (or Digital Platform hosting)			
Participant Incentives / Honorariums			
Transcription & Translation Services			
II. QUANTITATIVE SURVEY SERVICES			
Survey Design, Programming & Logic Testing			
Sample Acquisition / Panel Respondents			
Data Cleansing & Quality Control			

DESCRIPTION OF SERVICES**QUANTITY****UNIT RATE****TOTAL****III. ANALYSIS, REPORTING & DELIVERABLES**

Statistical Analysis, Cross-tabulation & Coding

Executive Summary & Comprehensive Final Report

Presentation of Key Findings

Subtotal: _____

Tax / VAT: _____

Total Due: _____

PAYMENT TERMS & INSTRUCTIONS

AUTHORIZED SIGNATURE

DATE