

# BILLING STATEMENT

Statement No: \_\_\_\_\_

Date: \_\_\_\_\_

Due Date: \_\_\_\_\_

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## CLIENT INFORMATION

Company / Client

Contact Name

Address

Email / Phone

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## PROJECT DETAILS

Project Name

Contract Ref

Project Manager

Billing Cycle

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PHASE	DESCRIPTION	TOTAL BUDGET	% COMPLETE	PRIOR BILLED	CURRENT REQUEST
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Total Contract Value \_\_\_\_\_

Total Previously Billed \_\_\_\_\_

Current Invoice Subtotal \_\_\_\_\_

Tax / Retainage \_\_\_\_\_

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**Total Amount Due**

Remaining Contract Balance

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**PAYMENT INSTRUCTIONS**

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**TERMS & NOTES**

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AUTHORIZED SIGNATURE

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DATE SIGNED