

PRO FORMA STATEMENT

UNBILLED RECEIVABLES

Date: _____

Statement No: _____

Reference: _____

CLIENT INFORMATION

Client Name: _____

Billing Address: _____

Contact Email: _____

PROJECT DETAILS

Project Name: _____

Contract No: _____

Period Covered: _____

Project Manager: _____

DATE / PHASE	DESCRIPTION OF SERVICES / DELIVERABLES	QTY / HOURS	RATE / UNIT PRICE	TOTAL AMOUNT
.....
.....
.....
.....
.....
.....
.....

Subtotal: _____

Adjustments/Retainage: _____

Total Unbilled Amount: _____

NOTES & BILLING TERMS

Prepared By (Authorized Representative) Date _____

Client Approval (Acknowledgment) Date _____