

BILLING STATEMENT

Statement No: _____
Date: _____
Due Date: _____

CLIENT / BILLING TO

SUBJECT COMPANY (IF DIFFERENT)

Engagement Ref: _____

Valuation Date: _____

Purpose: _____

Standard of Value: _____

DESCRIPTION OF PROFESSIONAL SERVICES	HOURS	RATE (\$)	AMOUNT (\$)

PAYMENT TERMS & METHODS

Services Subtotal: _____

Reimbursable Expenses: _____

Retainer Applied: _____

Total Due: _____

Prepared By (Signature)

Authorized Client Approval
