

# UTILITY USAGE INVOICE

Monthly Statement

Invoice No.: \_\_\_\_\_

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

Billing Period: \_\_\_\_\_

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

**From:**

Utility Provider Name

123 Provider St.

City, State ZIP

Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_

Email: info@provider.com

**Billed To:**

Client Name

Address Line 1

Address Line 2

City, State ZIP

Utility	Account No.	Previous Reading	Current Reading	Usage	Unit	Rate	Amount
Electricity	_____	_____	_____	_____	kWh	\$_____/kWh	\$_____
Water	_____	_____	_____	_____	mÂ³	\$_____/mÂ³	\$_____
Gas	_____	_____	_____	_____	therms	\$_____/therm	\$_____
Other	_____	_____	_____	_____	_____	\$_____/_____	\$_____

Subtotal \$\_\_\_\_\_

Taxes & Fees \$\_\_\_\_\_

**Total Amount Due** \$\_\_\_\_\_

**Notes:**

\_\_\_\_\_  
\_\_\_\_\_

Thank you for your prompt payment.