

UTILITY USAGE INVOICE

Monthly Statement

Invoice No.: _____
Due Date: _____

Date Issued: _____

Billing Period: _____

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	_____	_____	_____	_____	m³	\$_____/m³	\$_____
Gas	_____	_____	_____	_____	therms	\$_____/therm	\$_____
Other	_____	_____	_____	_____	_____	\$_____/____	\$_____

Subtotal	\$_____
Taxes & Fees	\$_____
Total Amount Due	\$_____

Notes:

Thank you for your prompt payment.