

Charity Service Billing Form

Charity Name

Date

Contact Person

Email

Charity Address

Service Description

Services Provided

Description	Date	Qty/Hours	Unit Price	Amount
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Subtotal

Discount/Donation

Total Due

Additional Notes