

Service Billing Sheet

Client Name

Date

Invoice #

Description of Service	Qty/Hours	Rate	Amount
<input type="text" value="Service provided"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text" value="Service provided"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text" value="Service provided"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total			<input type="text"/>

Notes

Additional remarks or pay

Authorized Signature

Date