

Project Billing Form

Client Name

Project Name

Invoice #

Date

Billing Period

e.g. Jan 1 - Jan 31, 2024

Payment Terms

e.g. Net 30

Project Description

Billable Items

Description	Hours/Qty	Rate	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"/>

Subtotal

Tax (%)

Total

Notes / Additional Information