

Itemized Billing Statement

Date: _____
Statement #: _____

Billed To

Name: _____
Address: _____
City, State, ZIP: _____
Phone: _____
Email: _____

Issued By

Name: _____
Company: _____
Address: _____
City, State, ZIP: _____
Phone/Email: _____

Itemized Charges

DESCRIPTION	SERVICE DATE	QUANTITY	UNIT PRICE	AMOUNT
_____	_____	—	_____	_____
_____	_____	—	_____	_____
_____	_____	—	_____	_____

Subtotal	_____
Tax	_____
Other Fees	_____
Total Due	_____