

# 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** \_\_\_\_\_