

# Monthly Billing Statement

Statement Date

Statement Number

Billing Period

Billed To

From

Date	Description	Amount
<input type="text" value="MM/DD/YYYY"/>	<input type="text" value="Service/Item"/>	<input type="text" value="0.00"/>
<input type="text" value="MM/DD/YYYY"/>	<input type="text" value="Service/Item"/>	<input type="text" value="0.00"/>
<input type="text" value="MM/DD/YYYY"/>	<input type="text" value="Service/Item"/>	<input type="text" value="0.00"/>
<b>Total</b>		<input type="text" value="0.00"/>

## Notes / Comments

Add any comments or notes here.