

Client Billing Statement

Client Name

Billing Date

Statement Number

Client Address

Billing Period

e.g., MM/DD/YYYY - MM/DD/YYYY

Due Date

Description of Service	Date	Hours/Qty	Rate	Amount
<div></div>	<div></div>	<div></div>	<div></div>	<div></div>
<div></div>	<div></div>	<div></div>	<div></div>	<div></div>
<div></div>	<div></div>	<div></div>	<div></div>	<div></div>
Subtotal				<div></div>
Tax				<div></div>
Total				<div></div>

Notes / Payment Instructions