

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
<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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Subtotal				<input type="text"/>
Tax				<input type="text"/>
Total				<input type="text"/>

Notes / Payment Instructions