

LOGO

Service Charge Invoice Statement

Date: _____
Invoice #: _____

FROM

[Your Company Name]

[Address Line 1]

[Address Line 2]

[Phone Number]

BILL TO

[Client Name]

[Client Address Line 1]

[Client Address Line 2]

#	DESCRIPTION OF SERVICE	SERVICE DATE	QTY	RATE	AMOUNT
1	[Service Description]	_____	—	—	—
2	[Service Description]	_____	—	—	—
Total					_____

PAYMENT TERMS

[e.g., Due upon receipt / Net 30]

PAYMENT METHOD

[e.g., Bank Transfer Details, PayPal, etc.]

NOTES:

[Additional notes or instructions to client]