Service Fee Billing Statement

Company Name
Address Line 1
Address Line 2
City, State ZIP
Phone: (___) ___-____
Email: info@company.com
Bill To:
Client Name
Client Address Line 1
Client Address Line 2
City, State ZIP

Statement No: _____   **Date: _____**
Period: _____   **Due Date: _____**

Description of Service	Service Date	Quantity	Unit Fee	Amount
Â	Â	Â	Â	Â
Â	Â	Â	Â	Â
			Subtotal	**Â**
			Tax	**Â**
			Total Due	**Â**

Make all checks payable to **Company Name**.
Thank you for your business!