

# Service Provider Charge Statement

Date: \_\_\_\_\_  
Statement No: \_\_\_\_\_

## Provider

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Contact: \_\_\_\_\_

## Client

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Contact: \_\_\_\_\_

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## Service Details

Description	Date	Unit	Quantity	Rate	Amount
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
<b>Subtotal</b>					_____
<b>Tax</b>					_____
<b>Total</b>					_____

Notes: \_\_\_\_\_  
\_\_\_\_\_

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_