

Service Provider Charge Statement

Date: _____

Statement No: _____

Provider

Name: _____

Address: _____

Contact: _____

Client

Name: _____

Address: _____

Contact: _____

Service Details

Description	Date	Unit	Quantity	Rate	Amount
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
				Subtotal	_____
				Tax	_____
				Total	_____

Notes: _____

Provider Signature: _____ Date: _____

Client Signature: _____ Date: _____