

Itemized Billing Statement

For: Accounting Assistance

Date:

Client Name:

Invoice Number:

Description of Service	Date	Hours	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"/>
Total:				<input type="text"/>

Prepared by:

Date Prepared: