

Software Feature Enhancement Billing

Client Information

Client Name:	<input type="text"/>
Contact Person:	<input type="text"/>
Email:	<input type="text"/>
Phone:	<input type="text"/>
Billing Address:	<input type="text"/>

Project Details

Project Name:	<input type="text"/>
Feature(s) Enhanced:	<input type="text"/>
Description:	<input type="text"/>
Date of Completion:	<input type="text"/>

Billing Summary

Task/Feature	Hours Spent	Rate (per hour)	Total
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Grand Total:			<input type="text"/>

Remarks

Date Issued:

Authorized By: