

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: