

Marketing Services Billing Statement

Billing Date:

Statement No.:

Client Name:

Company Name:

Billing Address:

Description of Service	Service Period	Hours/Units	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"/>
Total Due				<input type="text"/>

Notes / Additional Information:

Payment Instructions: