

Marketing Services Billing Statement

Billing Date:

Statement No.:

Client Name:

Company Name:

Billing Address:

Description of Service	Service Period	Hours/Units	Rate	Amount
<div></div>	<div></div>	<div></div>	<div></div>	<div></div>
<div></div>	<div></div>	<div></div>	<div></div>	<div></div>
Total Due				<div></div>

Notes / Additional Information:

Payment Instructions: