

Print Advertising Billing Statement

Company Name: [Your Company Name]

Address: [Your Company Address]

Phone: [Your Company Phone]

Bill To	[Client Name]	Statement Date	[Date]
Address	[Client Address]	Statement No.	[Statement Number]

Advertising Schedule

Date	Publication	Ad Description	Insertion #	Rate	Amount
2024-06-10	Daily Times	Full Page Ad	1	\$500	\$500
2024-06-17	Sunday Post	Half Page Ad	2	\$300	\$600

Subtotal: \$1100

Tax (5%): \$55

Total Due: \$1,155

Payment Received By:

Received By:

Date Received:

Comments: