

Security Services Billing Statement

Statement No.:	<input type="text"/>	Date:	<input type="text"/>
Client Name:	<input type="text"/>	Client Address:	<input type="text"/>

Service Details

Description of Services	Date	Hours	Rate	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"/>	<input type="text"/>	<input type="text"/>

Subtotal:	<input type="text"/>
Tax (%):	<input type="text"/>
Total Due:	<input type="text"/>

Payment Instructions:

Please remit payment within 30 days.

Make checks payable to:

For questions, contact: