

# 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:

Tax (%):

**Total Due:**

## Payment Instructions:

Please remit payment within 30 days.

Make checks payable to:

For questions, contact: