

# IT Assistance Billing Statement

Date:

Statement No.:

**Billed To:**


**From:**


Date	Description of Service	Hours	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:				<input type="text"/>

Authorized By:

Date: