

Security Services Billing Statement

Invoice Number:

Billing Date:

Payment Due:

Client Name:

Address:

Contact:

Description	Rate	Hours/Days	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"/>	<input type="text"/>	<input type="text"/>
Total			<input type="text"/>

Notes / Special Instructions:

Authorized Signature: