Services Performed Billing Statement

Bill To: [   ] **Date:** [   ]

Statement #: [   ] **Due Date:** [   ]

Service Description	Date Performed	Hours	Rate	Amount
[ ]	[ ]	[ ]	[ ]	[ ]
[ ]	[ ]	[ ]	[ ]	[ ]
[ ]	[ ]	[ ]	[ ]	[ ]
			Total:	[ ]

Thank you for your business!