

# Event Service Billing Statement

Date:

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|                                  |                                     |                                      |
|----------------------------------|-------------------------------------|--------------------------------------|
| Bill To:<br><input type="text"/> | Event Name:<br><input type="text"/> | Statement #:<br><input type="text"/> |
| Address:<br><input type="text"/> | Event Date:<br><input type="text"/> | Due Date:<br><input type="text"/>    |

| Description of Service | Quantity             | Unit Price           | 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"/> |
| Total                  |                      |                      | <input type="text"/> |

Notes:

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Authorized Signature: \_\_\_\_\_