

Event Service Billing Statement

Date:

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

Authorized Signature: _____