

Advertising Services Billing Statement

Date:

Client Name:

Invoice Number:

Description of Service	Service Date	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"/>	<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"/>

Payment Terms:

Notes:

Thank you for your business!