

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!