

Facility Maintenance Fee Statement

Statement Date:

Facility Name:

Account Number:

Billing Period:

Recipient Name:

Address:

Fee Breakdown

Description	Amount (USD)
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
Total	<input type="text"/>

Remarks / Notes:

Prepared By:

Date: