

Print Design Services Billing Statement

Client Name:	<input type="text"/>	Invoice No.:	<input type="text"/>
Billing Date:	<input type="text"/>	Due Date:	<input type="text"/>
Address:	<input type="text"/>		

Description	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"/>
Subtotal			<input type="text"/>
Tax (%)			<input type="text"/>
Total Amount Due			<input type="text"/>

Authorized Signature:

Date: