

# Monthly Billing Statement

**Your Company Name**

123 Business Ave.  
City, State, ZIP  
Email: info@yourcompany.com  
Phone: (555) 123-4567

**Bill To:**

Client Name  
Client Company Name  
456 Client Road  
City, State, ZIP

Statement #:	2024-06-001	Statement Date:	2024-06-30
Billing Period:	June 1, 2024 - June 30, 2024	Due Date:	2024-07-15

Description of Services	Quantity/Hours	Rate	Amount
Consulting Services	10	\$100.00	\$1,000.00
Technical Support	5	\$80.00	\$400.00
Subtotal			\$1,400.00
Tax (10%)			\$140.00
Total Amount Due			\$1,540.00

**Payment Instructions:**

Please remit payment by the due date listed above. For your convenience, payments can be made via bank transfer, check, or credit card.

Thank you for your business! If you have any questions regarding this statement, please contact us at info@yourcompany.com.