

Monthly Utility Bill Statement Form

Customer Name: _____

Account Number: _____

Billing Address: _____

Billing Month: _____ Year: _____

Utility Type	Previous Reading	Current Reading	Usage	Rate per Unit	Total Charge
Electricity (kWh)	_____	_____	_____	_____	\$ _____
Water (m ³)	_____	_____	_____	_____	\$ _____
Gas (m ³)	_____	_____	_____	_____	\$ _____
Total Amount Due					\$ _____

Payment Due Date: _____

Notes: _____

Customer Signature: _____ Date: _____