

QA INVOICE

[Your Agency Name]

[Address Line 1]

[City, State, Zip]

[Email/Phone]

Invoice #: [0000]

Date: [MM/DD/YYYY]

Due Date: [MM/DD/YYYY]

BILL TO:

[Client Company Name]

[Contact Name]

[Address Line 1]

[City, State, Zip]

PROJECT DETAILS:

App Name: [Mobile App Title]

Platform: [iOS / Android / Cross-platform]

Version: [v1.0.0]

Description of QA Services	Qty/Hours	Rate	Amount
Functional Testing (Manual)	[0.00]	[\$0.00]	[\$0.00]
Regression Testing & Bug Verification	[0.00]	[\$0.00]	[\$0.00]
Automated Script Development (Appium/Espresso)	[0.00]	[\$0.00]	[\$0.00]

Description of QA Services	Qty/Hours	Rate	Amount
Device Compatibility Testing (Physical Labs)	[0.00]	[\$[0.00]]	[\$[0.00]]

Subtotal: \$[0.00]
Tax ([0] %): \$[0.00]
Total Due: \$[0.00]

PAYMENT INSTRUCTIONS

Bank: [Bank Name] | Account: [Number] | Routing: [Number]
Please include invoice number in payment reference.

Thank you for choosing us for your Quality Assurance needs.