

INVOICE

Company Name: [Your Company Name]

[Street Address]
[City, State, Zip]

Invoice #: [00000]

Date: [YYYY-MM-DD]

Due Date: [YYYY-MM-DD]

Bill To:

[Client Name]
[Client Address]
[Contact Email]

Project Details:

PCBA Rev: [Revision #]
PO Number: [PO-000]

Description	Qty	Unit Price	Amount
PCB Fabrication (Layers: [X])	0	\$0.00	\$0.00
SMT Assembly / Component Placement	0	\$0.00	\$0.00
Bill of Materials (BOM) Sourcing	1	\$0.00	\$0.00
Stencil & Tooling Fees	1	\$0.00	\$0.00
Testing & Quality Inspection (AOI/X-Ray)	0	\$0.00	\$0.00

Subtotal: \$0.00

Tax: \$0.00

Total: \$0.00

Notes / Payment Instructions:

Please include invoice number with your payment. Wire transfer details: [Bank Details].