

TELECOM SIGNAL INVOICE

[Your Company Name]
[Street Address]
[City, State, Zip]

Invoice #: [0000]
Date: [MM/DD/YYYY]
Due Date: [MM/DD/YYYY]

Bill To:

[Client Name]
[Client Company]
[Client Address]

Project Reference:

[Site ID / Location Name]
[Contract Reference]

Description of Optimization Services	Quantity	Unit Price	Total
RF Site Survey & Signal Mapping	[0]	\$0.00	\$0.00
Antenna Alignment & Tilt Optimization	[0]	\$0.00	\$0.00
Frequency Interference Analysis	[0]	\$0.00	\$0.00
Network Parameter Tuning (Handover/Latency)	[0]	\$0.00	\$0.00

Description of Optimization Services	Quantity	Unit Price	Total
Hardware Calibration & Filter Installation	[0]	\$0.00	\$0.00

Subtotal: \$0.00

Tax Rate: 0%

Total Amount Due: \$0.00

Payment Instructions:

Please include Invoice # on all payments. Wire transfer or Check accepted.

Terms: Net 30 days. Late payments subject to interest charges.