BROADCAST ENGINEERING SERVICES

123 Signal Ave, Studio City, CA 91604
contact@broadcasteng.example.com
+1 (555) 010-9988

INVOICE

Invoice #: [0000]
Date: [MM/DD/YYYY]
PO #: [Project Reference]

BILL TO:

[Client Name / Network]
[Department/Studio]
[Street Address]
[City, State, Zip]

PROJECT / SITE:

[Call Sign/Station ID]
[Transmitter Site/Master Control]
[Site Contact Name]

Service Description / Equipment Details	Hours/Qty	Rate	Amount
RF System Integration & Calibration	[0.0]	$[0.00]	$[0.00]
On-Site Emergency Technical Support	[0.0]	$[0.00]	$[0.00]
Hardware/Component Procurement	[0.0]	$[0.00]	$[0.00]

Service Description / Equipment Details	Hours/Qty	Rate	Amount
Preventative Maintenance & Signal Compliance Check	[0.0]	$[0.00]	$[0.00]

Subtotal: $[0.00]
Tax/Fees: $[0.00]
Total Balance Due: $[0.00]

TERMS & INSTRUCTIONS:

Payment Terms: Net 30. Please make checks payable to "Broadcast Engineering Services".
For wire transfers, please use Routing Number [000000000] and Account [000000000].
All engineering work performed meets FCC compliance standards at the time of service.