AV SYSTEMS INTEGRATION

123 Tech Plaza, Suite 500
San Francisco, CA 94107
billing@av-integration.com

INVOICE NO: _____
DATE: _____
PROJECT ID: _____
PO NUMBER: _____

BILL TO

Client Name: _____
Company: _____
Address: _____
Email: _____

PROJECT SITE

Site Name: _____
Location: _____
Manager: _____

Description (Hardware, Labor, Programming)	Qty	Unit Price	Total
Hardware: _____	_____	$ _____	$ _____
Rack Integration & Cabling: _____	_____	$ _____	$ _____
Control System Programming: _____	_____	$ _____	$ _____

Description (Hardware, Labor, Programming)	Qty	Unit Price	Total
On-site Installation Labor: _____	_____	$ _____	$ _____
Commissioning & Training: _____	_____	$ _____	$ _____

Subtotal: $ _____
Tax (___%): $ _____
TOTAL DUE: $ _____

Payment Terms: Net 30. Please make checks payable to **AV Systems Integration**.

Wire Transfer: Bank Name: _____ | Acc: _____ | Routing: _____

Thank you for your business. For technical support, contact support@av-integration.com.