

INVOICE

Networked AV Systems Co.
123 Tech Avenue, Suite 100
Silicon Valley, CA 94025
billing@navsystems.com

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

BILL TO:

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

PROJECT DETAILS:

Project Name: [Site Name / ID]
PO Number: [Reference Number]
Technician: [Lead Name]

Hardware & Services Description	Qty	Unit Price	Amount
AV-over-IP Endpoints (Encoders/Decoders)	0	\$0.00	\$0.00
Network Switch Configuration & VLAN Tagging	0	\$0.00	\$0.00

Hardware & Services Description	Qty	Unit Price	Amount
DSP Programming & Audio Matrix Routing	0	\$0.00	\$0.00
Cabling (CAT6A Shielded) & Termination	0	\$0.00	\$0.00
System Commissioning & User Training	0	\$0.00	\$0.00
Subtotal: \$0.00			
Tax (0%): \$0.00			
Total Due: \$0.00			

Payment Terms: Net 30. Please make checks payable to Networked AV Systems Co.

Notes: All hardware includes a 1-year manufacturer warranty unless otherwise specified.