INVOICE

[Consultant Name/Company]
[Street Address]
[City, State, Zip]
[Email/Phone]

INVOICE # [000]
DATE [MM/DD/YYYY]
DUE DATE [MM/DD/YYYY]

BILL TO **[Client Company Name]**
[Attention: Name/Department]
[Street Address]
[City, State, Zip]

PROJECT [Project Name/ID]
[Purchase Order #]

Description of Services	Hours/Qty	Rate	Amount
Analog Circuit Design & Simulation [e.g., Precision Op-Amp stage, SPICE modeling]	0.0	$0.00	$0.00
PCB Layout & Signal Integrity [e.g., 4-layer mixed-signal routing]	0.0	$0.00	$0.00
Prototyping & Lab Testing [e.g., Bench characterization, EMI pre-compliance]	0.0	$0.00	$0.00

Subtotal: $0.00

Tax/Other: $0.00

Total Balance Due: $0.00

Payment Instructions: [Bank Name | Wire/ACH Info | PayPal/Check Details]

Notes: All analog design IP remains property of consultant until final payment is received. Net [30] terms apply.