INVOICE

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

Invoice #: [0000]
Date: [MM/DD/YYYY]
Project ID: [PCB-XXXX]

BILL TO:

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

Description	Qty/Hrs	Rate	Amount
Schematic Design & Review	0.0	$0.00	$0.00
PCB Layout & Routing	0.0	$0.00	$0.00
BOM Optimization & Sourcing	0.0	$0.00	$0.00
Prototyping/Assembly Labor	0.0	$0.00	$0.00

Subtotal: $0.00

Tax: $0.00

Total Balance Due: $0.00

Payment Terms: Net [30] Days. Please make checks payable to [Name].

Notes: [Insert technical milestones or component lead-time disclaimers here].