INVOICE

[Consultant Name/Firm]
[Address Line 1]
[City, State, Zip]
[Email/Phone]

Invoice #: [00000]
Date: [Date]
Due Date: [Date]

BILL TO:

[Client Company Name]
[Attention To]
[Address Line 1]
[City, State, Zip]

PROJECT:

[Project Name/Reference ID]

SERVICE/COMPONENT DESCRIPTION	QUANTITY/HOURS	UNIT PRICE	TOTAL
Schematic Design & PCB Layout Review	[Qty]	$[0.00]	$[0.00]
Firmware Integration Support	[Qty]	$[0.00]	$[0.00]
Prototype Components (BOM Reimbursable)	[Qty]	$[0.00]	$[0.00]

SERVICE/COMPONENT DESCRIPTION	QUANTITY/HOURS	UNIT PRICE	TOTAL
Hardware Validation & Laboratory Testing	[Qty]	$[0.00]	$[0.00]

Subtotal: $[0.00]
Tax/VAT: $[0.00]
Total Due: $[0.00]

Payment Terms: [Net 30/Due on Receipt]
Payment Info: [Bank Name | Account Number | Routing/SWIFT]
Thank you for your business.