PCB DESIGN INVOICE

Consulting & Hardware Engineering

Invoice #: [000]
Date: [Date]

From:
[Consultant Name/Company]
[Tax ID/VAT Number]
[Address Line 1]
[Email/Phone]

Bill To:
[Client Company Name]
[Contact Person]
[Address Line 1]
[Project Reference]

SERVICE DESCRIPTION	RATE/UNIT	QTY/HRS	TOTAL
Schematic Capture & Review	$0.00	0	$0.00
Multi-layer PCB Layout (Placement & Routing)	$0.00	0	$0.00
Library Management (Footprint/Symbol Creation)	$0.00	0	$0.00
DFM/DFA Analysis & Fabrication Outputs	$0.00	0	$0.00

Subtotal: $0.00
Tax ([0]%): $0.00
Total Due: $0.00

Payment Terms: Net [30] days. Please include invoice number with payment.
Banking Details: [Bank Name] | **SWIFT/BIC:** [Code] | **Account:** [Number]