

INVOICE

PCB Manufacturing Services

Invoice #: _____

Date: _____

MANUFACTURER

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

BILL TO

[Client Name]
[Client Address]
[Project Reference]

Description & Technical Specs	Qty	Unit Price	Amount
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Double-Sided Rigid PCB

- Layer Count: 2 Layers
- Material: FR-4 Standard TG130/140
- Board Size: ____ mm x ____ mm
- Thickness: ____ mm
- Copper Weight: ____ oz
- Surface Finish: HASL / ENIG / OSP
- Solder Mask: Green / Blue / Red / Black / White
- Silkscreen: White / Black

____ \$ ____ \$ ____

Tooling & Setup Fee (E-Test Included) 1 \$ ____ \$ ____

Shipping & Handling (Courier) 1 \$ ____ \$ ____

Subtotal: \$ _____

Tax (____%): \$ _____

Total Amount: \$ _____

NOTES & PAYMENT TERMS

Lead Time: ____ Business Days

Payment Methods: Wire Transfer / PayPal / Credit Card

Please include the Invoice Number in your payment reference.