

MEDICAL PCB ASSEMBLY INVOICE

ISO 13485 Certified Facility

Invoice #: _____

Date: _____

PO #: _____

VENDOR INFORMATION

[Company Name]

[Street Address]

[City, State, Zip]

[FDA Registration Number]

BILL TO

[Client Name]

[Client Address]

[Project Reference / Medical Device ID]

Item Description (Assembly / Part #)	Revision	Qty	Unit Price	Total
[PCB Assembly Name]	[Rev X]	[000]	\$0.00	\$0.00
[Components/BOM Surcharge]	-	1	\$0.00	\$0.00
[IPC-A-610 Class 3 Inspection]	-	1	\$0.00	\$0.00

Subtotal: \$0.00

Shipping/Handling: \$0.00

Total Amount: \$0.00

CERTIFICATE OF CONFORMANCE & QUALITY ASSURANCE

This assembly has been manufactured in accordance with IPC-A-610 Class 3 standards for medical devices. Traceability logs for all Lot Codes and Date Codes are archived. RoHS/REACH compliance verified.

Quality Inspector Signature: _____ Date: _____

Payment Terms: Net 30. Please include Invoice Number with remittance. All medical grade components are sourced from authorized distributors only.