

INVOICE

[Your Company Name]
[Company Address]
[Email / Phone]

Invoice #: [0000]

Date: [YYYY-MM-DD]

Project Ref: [Ref ID]

Bill To:

[Client Name]
[Client Company]
[Client Address]

Shipping Details:

[Shipping Method]
[Tracking Number]
[Delivery Terms]

Item / PCB Name	Specifications (Layers/Finish)	Qty	Unit Price	Amount
[Product Name/ID]	[e.g. 2-Layer, FR4, ENIG]	[0]	\$0.00	\$0.00
Tooling / NRE Fee	[Stencil / Setup]	1	\$0.00	\$0.00
Shipping & Handling	[Weight/Method]	1	\$0.00	\$0.00

Subtotal: \$0.00
Tax (0%): \$0.00

Total: \$0.00

Payment Instructions:

Bank: [Bank Name] | Account: [Number] | SWIFT/BIC: [Code]

Notes: All PCBs undergo 100% E-test. Please contact us within 10 days for any quality inquiries.