

# INVOICE

SMT Assembly Services

Invoice #: \_\_\_\_\_

Date: \_\_\_\_\_

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## Provider:

Company Name  
Address Line 1  
City, State, Zip  
Contact Email

## Bill To:

Customer Name  
Company Name  
Address Line 1  
City, State, Zip

Description (PCBA / SMT Task)	Qty	Unit Price	Total
SMT Setup & Programming Fee			
SMT Placement (per component)			
Stencil Fabrication			
Manual Soldering / THT Assembly			

Description (PCBA / SMT Task)	Qty	Unit Price	Total
AOI & Functional Testing			

**Subtotal: \$** \_\_\_\_\_

**Tax: \$** \_\_\_\_\_

**Total Amount Due: \$** \_\_\_\_\_

**Payment Terms:** Net 30. Please make checks payable to Company Name.

**Technical Notes:** IPC-A-610 Standard Compliant. Lead-Free/RoHS Process used unless specified otherwise.