

# INVOICE

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

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

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

**P.O. #:** \_\_\_\_\_

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## BILL TO

[Client Name]  
[Client Address]  
[Client City, State, Zip]

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## PROJECT DETAILS

**Assembly Type:** Through-Hole (THT)  
**PCB Name:** [Project Name/Rev]  
**Lead Type:** [Leaded / Lead-Free]

Description	Qty	Unit Price	Total
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### PCB Fabrication

Material: FR-4, Layers: [X], Finish: [Type]

### Component Sourcing

BOM Items (Through-Hole components)

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Description	Qty	Unit Price	Total
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**Manual Insertion & Soldering**

Points per board: [Count]

**Testing & Quality Control**

Visual Inspection / AOI / Functional Test

**Tooling & NRE Fees**

Solder Pallets / Setup

Subtotal:	\$0.00
Shipping:	\$0.00
Tax:	\$0.00
<b>Total Due:</b>	<b>\$0.00</b>

**Payment Terms:** Net [30] Days. Please make checks payable to [Your Company Name].

Thank you for your business!