

[SATELLITE PROVIDER NAME]

[Street Address]

[City, State, Zip]

[Contact Email/Phone]

INVOICE

Invoice #: [000000]

Date: [MM/DD/YYYY]

BILL TO:

[Client Name]

[Client Organization]

[Client Address]

ALLOCATION PERIOD:

[Start Date] to [End Date]

SATELLITE / ORBITAL SLOT:

[Satellite Name / Coordinate]

Description	Transponder / ID	Bandwidth (MHz)	Unit Price	Total
C-Band / Ku-Band Fixed Allocation	[TXP-00]	[0.00]	[\$[0.00]]	[\$[0.00]]
Occasional Use (OU) Surcharge	[ID-00]	[0.00]	[\$[0.00]]	[\$[0.00]]
Teleport / Uplink Services	-	-	[\$[0.00]]	[\$[0.00]]

Subtotal: \$[0.00]
Regulatory Fees / Taxes: \$[0.00]
Total Due: \$[0.00]

Payment Terms: Net [30] Days. Please include invoice number with wire transfer.

Technical Support: [NOC Contact Information]