

INVOICE

Satellite Ground Station Services

Invoice #: _____

Date: _____

Provider:

[Station Name / Operator]

[NOC Address]

[Contact Email/Phone]

Client:

[Satellite Operator Name]

[Billing Address]

[Tax ID / VAT]

SERVICE DESCRIPTION	PASSES / HOURS	RATE	AMOUNT
Telemetry, Tracking & Control (TT&C)			
Data Downlink Services (X/Ka Band)			
Payload Command Uplink			
Antenna Maintenance & Hosting Fees			

Subtotal: _____

Tax: _____

Total Due: _____

Payment Terms: Net 30. Wire transfer to: [Bank Details / SWIFT / IBAN]

Notes: Detailed pass logs and signal quality metrics attached for the billing period.