

ROBOTIC ACTUATOR SYSTEM

Billing Invoice

Invoice #: _____

Date: ____/____/20__

Vendor:

Client / Bill To:

Part / Model #	Description	Qty	Unit Price	Amount
_____	Linear Actuator / Servo Module	_____	\$ _____	\$ _____
_____	Controller Board / Driver	_____	\$ _____	\$ _____
_____	Cabling & Hardware Kit	_____	\$ _____	\$ _____
_____	System Calibration Service	_____	\$ _____	\$ _____

Subtotal: \$ _____

Tax (____%): \$ _____

Shipping/Handling: \$ _____

Total Amount Due: \$ _____

Payment Terms:

Net 30. Please make checks payable to the vendor listed above.

Authorized Signature: _____ Date: _____