

ROBOTIC ASSEMBLY INVOICE

[Company Name]
[Street Address]
[City, State, Zip]

Invoice #: [0000]
Date: [MM/DD/YYYY]

Bill To:

[Client Name]
[Client Company]
[Street Address]

Project: [Project Name/PO #]

Component/Service Description	Qty	Unit Cost	Total
PCB Fabrication (Layers: [X])	[0]	\$0.00	\$0.00
Pick & Place Assembly (SMT)	[0]	\$0.00	\$0.00
Through-Hole Soldering	[0]	\$0.00	\$0.00
Automated Optical Inspection (AOI)	[0]	\$0.00	\$0.00
Firmware Flashing & Functional Test	[0]	\$0.00	\$0.00

Subtotal: \$0.00
Tax (0%): \$0.00
Shipping: \$0.00

Total Amount: \$0.00

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

Notes: All assemblies are RoHS compliant unless otherwise specified.