

# INVOICE

Robotic Vision Solutions Inc.  
Industrial Automation Park, Suite 402  
Tech City, TC 54321

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

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

**PO #:** \_\_\_\_\_

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## Bill To:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Ship To:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Part Number	Description	Quantity	Unit Price	Amount
RV-SENS-4K	High-Res Stereo Vision Module	___	\$ _____	\$ _____
RV-LENS-MT	C-Mount Adjustable Lens Kit	___	\$ _____	\$ _____
RV-CABLE-05	High-Flex Robotic Data Cable (5m)	___	\$ _____	\$ _____

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Subtotal: \$ \_\_\_\_\_

Tax (\_\_\_%): \$ \_\_\_\_\_

Shipping: \$ \_\_\_\_\_  
Total Due: \$ \_\_\_\_\_

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**Payment Terms:** Net 30 Days

**Notes:** All vision sensors are pre-calibrated. Please refer to serial numbers for firmware support.