ASSET INVENTORY INVOICE

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

Invoice #: _____
Date: _____
PO #: _____

VENDOR / SUPPLIER

[Name]
[Address]
[Contact Info]

SHIP TO / FACILITY

[Manufacturing Plant Name]
[Department/Floor]
[Receiver Name]

Asset ID / Tag #	Description & Model	Serial Number	Qty	Unit Price	Total

Subtotal: $0.00
Tax / Duty: $0.00
Shipping: $0.00

Grand Total: $0.00

Notes: All machinery assets must be inspected upon delivery. Warranty documentation and manuals included per line item. Payment terms: [Net 30/60].

Authorized Signature: _____ Date: _____