EQUIPMENT AUDIT INVOICE

Invoice #: _____
Date: _____

Auditor/Provider:
[Company Name]
[Street Address]
[City, State, Zip]
Client/Station:
[Contact Name]
[Broadcast Facility]
[Street Address]

EQUIPMENT CATEGORY / ID	AUDIT ACTION/SERVICE	QTY	RATE	AMOUNT
Studio Signal Processors	Tagging & Functional Verification			
Field Cameras & Optics	Inventory Reconciliation			
RF/Transmitter Assets	Condition Assessment			
IT/Server Infrastructure	Asset Mapping & Log update			

Subtotal: $0.00
Tax (___%): $0.00

Total Due: $0.00

Notes & Audit Scope:

Verification of serial numbers, physical condition, and depreciation scheduling for broadcast fixed assets. Payment due within 30 days of audit completion.