IT ASSET INVENTORY INVOICE

Vendor Name: _____
Address: _____
Email: _____

Invoice #: _____
Date: _____
PO #: _____

BILL TO

Company Name: _____
Department: _____
Contact: _____

SHIPPING DESTINATION

Location/Site: _____
Floor/Room: _____
Custodian: _____

Asset ID / Tag	Description / Specification	Category	Serial Number	Qty	Unit Price	Total

Subtotal: $_____
Tax Rate: _____%

Grand Total: $_____

NOTES / WARRANTY TERMS

Enter terms, licensing details, or warranty expiration dates here...

Authorized Signature: _____ Date: _____

Thank you for your business.