INVOICE

Company Name: _____

Address: _____

Invoice #: _____

Date: _____

Due Date: _____

BILL TO:
Name: _____
Dept: _____
Address: _____
INVENTORY SUMMARY:
Billing Period: _____
Account ID: _____
PO Number: _____

Asset ID / Serial #	Item Description	Category	Qty	Unit Cost	Total

Subtotal: $_____
Maintenance/Tax: $_____

TOTAL DUE: $_____

Notes: _____

Please make checks payable to the company name listed above.