

[COMPANY NAME]

[Street Address]
[City, State, Zip]
[Phone Number]

INVOICE

Invoice #: _____

Date: _____

PO #: _____

BILL TO

[Customer Name]
[Address]
[Contact Email]

SHIP TO / SITE LOCATION

[Location Name]
[Address]
[Attn: Dept/Room]

Model / Part #	Description (Asset Tag / Serial #)	Qty	Unit Price	Amount

Subtotal: \$ _____
Shipping & Handling: \$ _____
Tax: \$ _____

Total Due: \$ _____

Payment Terms: Net [30] Days. Please make checks payable to [Company Name].

Warranty: All electronic testing equipment is subject to standard manufacturer warranty unless otherwise specified. Calibration certificates included where applicable.