

# INVOICE

Institution: \_\_\_\_\_

Invoice #: \_\_\_\_\_

Date: \_\_\_\_\_

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Vendor / Supplier:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Ship To / Lab Location:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Catalog #	Equipment Description / Specifications	Qty	Unit Price	Total

Subtotal: \_\_\_\_\_

Tax: \_\_\_\_\_

Shipping/Handling: \_\_\_\_\_

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**Grand Total:** \_\_\_\_\_

Grant/Project Code: \_\_\_\_\_

**Principal Investigator Signature:** \_\_\_\_\_

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Payment Terms: Net 30 Days. Please include invoice number on all remittances.