

EQUIPMENT PURCHASE INVOICE

Invoice #: _____

Date: _____

Vendor Name
Scientific Solutions Division
123 Lab Way, Research Park
contact@example.com

BILL TO

Institution: _____

Department: _____

Address: _____

Attn: _____

SHIPPING DETAILS

Lab Room #: _____

Project Ref: _____

Carrier: _____

PO Number: _____

Model/SKU	Equipment Description & Specifications	Qty	Unit Price	Total
	<i>Calibration Certificate Included []</i>			

Subtotal: \$ _____

Installation/Setup Fee: \$ _____

Shipping & Handling: \$ _____

Tax (%): \$ _____
TOTAL AMOUNT: \$ _____

NOTES & WARRANTY

Standard 12-month manufacturer warranty applies unless otherwise stated. Technical support available via support@example.com. Please include Invoice Number on all wire transfers.