

# PURCHASE INVOICE

Logistics Equipment Dept.

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

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

**PO Ref:** \_\_\_\_\_

## SUPPLIER INFORMATION

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact: \_\_\_\_\_

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

## SHIP TO / WAREHOUSE

Facility Name: \_\_\_\_\_

Bay/Dock #: \_\_\_\_\_

Receiver: \_\_\_\_\_

Phone: \_\_\_\_\_

Asset ID / SKU	Equipment Description	Qty	Unit Price	Amount

**Asset ID / SKU**

**Equipment Description**

**Qty**

**Unit Price**

**Amount**

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

Shipping & Handling: \$ \_\_\_\_\_

Tax Rate (%): \_\_\_\_\_

**TOTAL DUE: \$ \_\_\_\_\_**

**PAYMENT TERMS & WARRANTY**

Payment Method: \_\_\_\_\_ | Warranty Period: \_\_\_\_\_

Notes: Assets must be inspected upon delivery. All heavy machinery requires safety certification documentation prior to operation.