IT ASSET DISPOSAL INVOICE

Invoice #: _____
Date: _____

SERVICE PROVIDER **[Company Name]**
[Street Address]
[City, State, Zip]
[Tax ID / Registration]
CLIENT **[Client Name]**
[Client Address]
[Contact Person]
[Project Reference]

Asset Category / Description	Quantity	Service Type (Recycle/Destroy/Remarket)	Unit Price	Amount

Subtotal: $0.00
Data Destruction Fee: $0.00
Logistics/Freight: $0.00

TOTAL DUE: $0.00

Payment Terms: Net [30] Days. Please include Invoice Number with payment.

Certification: A Certificate of Destruction (CoD) and Data Sanitization Report will be issued upon completion of processing.