DISPOSAL INVOICE

[Company Name]
[Address Line 1]
[City, State, Zip]
[Email/Phone]

Invoice #: _____
Date: _____
PO #: _____

CLIENT / GENERATOR

[Client Name]
[Department]
[Contact Name]
[Address]

DISPOSAL FACILITY

[Facility Name]
[EPA ID Number]
[Permit Details]
[Location]

Equipment Description / Serial #	Category (E-Waste)	Qty/Weight	Unit Price	Amount

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Service Subtotal: $0.00
Hazardous Handling Fee: $0.00
Tax: $0.00
Total Due: $0.00

CERTIFICATION OF DESTRUCTION & RECYCLING

We hereby certify that the electronic equipment listed above has been received and will be processed, recycled, or disposed of in accordance with all local, state, and federal environmental regulations (including R2/e-Stewards standards where applicable). All data-bearing media are subject to [Department of Defense/NIST] standard data sanitization protocols.

Payment Terms: Net 30. Please make checks payable to [Company Name].
Thank you for your commitment to environmental sustainability.