E-WASTE DISPOSAL INVOICE

License No: _____
Address: _____
Phone: _____

Invoice #: _____

Date: _____

Pick-up ID: _____

Client Information:
Company Name: _____
Contact Person: _____
Address: _____

Compliance:
Hazardous Material ID: _____
Certificate of Destruction: [ ] Yes [ ] No

ITEM CATEGORY (E.G. PC, BATTERY, MONITOR)	SERIAL / ASSET ID	WEIGHT (KG)	UNIT RATE	DISPOSAL FEE

Subtotal: $_____

Environmental Levy: $_____

Total Amount Due: $_____

Compliance Statement: The items listed above are accepted for recycling in accordance with local environmental regulations. All data-bearing devices are scheduled for secure destruction following industry standards for electronic scrap processing.

Authorized Signature: _____

Client Signature: _____