TRANSMISSION PRO SERVICE

123 Gearbox Lane
Shift City, ST 12345
Phone: (555) 012-3456

INVOICE # _____
DATE: _____

CUSTOMER:

Name: _____
Phone: _____
Address: _____

VEHICLE:

Year/Make/Model: _____
VIN: _____
Mileage In: _____ Out: _____

Service / Part Description	Qty/Hrs	Price	Total

Parts Total: $_____

Labor Total: $_____

Shop Supplies: $_____

Tax: $_____

GRAND TOTAL: $_____

Notes: _____

Warranty: All transmission rebuilds include a ____ month / ____ mile limited warranty.

_____

Customer Signature

_____

Technician Signature