INVOICE

Service Date: _____

[Company Name]

[Address]
[Phone]
[License #]

CUSTOMER INFO

Name: _____
Phone: _____
Email: _____

VEHICLE DETAILS

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

Diagnostic Service / Parts	Qty/Hrs	Rate	Total
Computerized System Scan (OBD-II)			
Labor: _____			
Part: _____			

Diagnostic Service / Parts	Qty/Hrs	Rate	Total

Part: _____

TECHNICIAN NOTES / TROUBLE CODES FOUND

DTC Codes & Findings...

Subtotal: $_____
Tax: $_____
Total Due: $_____

Terms: All diagnostic fees are non-refundable. Repairs are warranted for [X] days or [X] miles. Received by: _____