FLEET OVERHAUL SERVICE

123 Service Way, Logistics Park
Industrial District, ST 56789

INVOICE # _____

DATE: _____

BILL TO:

_____
_____
_____

FLEET DETAILS:

Unit ID(s): _____
Service Type: Full Overhaul
PO Number: _____

Description of Service / Parts	Qty/Hrs	Unit Price	Total
Engine Overhaul & Calibration			
Transmission System Refurbishment			
Brake & Suspension Replacement			
Electrical System Diagnostics			
Labor - Technical Specialized			

Description of Service / Parts	Qty/Hrs	Unit Price	Total

Subtotal $ _____
Tax (___%) $ _____
TOTAL DUE $ _____

Payment Terms: Net 30. Please make checks payable to "Fleet Overhaul Service".

Thank you for your business. For maintenance inquiries, contact support@fleetoverhaul.example