PREVENTIVE MAINTENANCE INVOICE

INVOICE #

_____

DATE

_____

SERVICE PROVIDER / SHOP
FLEET OWNER / CLIENT

VEHICLE UNIT #
VIN
MAKE/MODEL
ODOMETER (IN/OUT)

Description of Service / Parts	Qty	Unit Price	Total

Description of Service / Parts	Qty	Unit Price	Total

NOTES / NEXT SERVICE INTERVAL

Subtotal $_____
Tax $_____
TOTAL DUE $_____

_____

Technician Signature

_____

Fleet Manager / Authorized Signature