FLEET INSPECTION INVOICE

Company Name
Address Line 1
Phone: (555) 000-0000

Invoice #: _____
Date: _____
Inspector: _____

CLIENT / FLEET DETAILS

Account Name: _____
Contact: _____
Department: _____

VEHICLE DETAILS

Unit #: _____ VIN: _____
Make/Model: _____
Odometer: _____ License: _____

INSPECTION CHECKLIST & SERVICE

Item Description	Pass	Fail	Service/Parts Notes	Cost
Engine Oil & Filter				$
Brake System (Pads/Fluid)				$
Tire Condition & Pressure				$
Lights & Indicators				$
Fluid Levels (Coolant/Wiper)				$
Battery & Electrical				$

Item Description	Pass	Fail	Service/Parts Notes	Cost
Labor / Inspection Fee				$
Subtotal				$
Tax				$
GRAND TOTAL				**$**

NOTES & RECOMMENDATIONS

_____
_____

Authorized Signature: _____
Date: _____