

REPAIR INVOICE

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

Invoice #: _____
Date: _____

Customer Information

Name: _____
Phone: _____
Email: _____

Vehicle Information

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

Description of Parts / Labor	Qty/Hrs	Rate	Total

Notes / Warranty

All repairs are guaranteed for ____ days/miles. Parts are subject to manufacturer warranty.

Subtotal: \$ _____

Tax: \$ _____

Grand Total: \$ _____

Customer Signature: _____

Date: _____