

SERVICE INVOICE

[Workshop Name]
[Address Line 1]
[Phone Number]

Invoice #: _____
Date: _____
Technician: _____

Customer Information

Name: _____
Phone: _____
Email: _____

Vehicle Details

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

Diagnostic Results & Trouble Codes

DTC Codes Found:

Description of Service / Parts	Qty/Hrs	Rate	Total
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Diagnostic Fee (Hook-up & Scanning)

Labor: _____

Part: _____

Description of Service / Parts	Qty/Hrs	Rate	Total
Part: _____			
Shop Supplies / Disposal Fees			
Subtotal:\$ _____			
Tax:\$ _____			
Total Due:\$ _____			
Notes/Recommendations: _____			

All diagnostic results are based on the vehicle conditions at the time of testing. Parts and labor are warranted for [00] days/miles.