

INVOICE

INV-0000

Service Provider Name
123 Maintenance Way
City, State, Zip
Contact: (555) 012-3456

BILL TO:

Client Company Name
Fleet Department
Street Address
City, State, Zip

Date: _____
Due Date: _____
P.O. #: _____

Vehicle ID: _____
Make/Model: _____
Year: _____
License Plate: _____
Odometer: _____
VIN: _____

Description of Service / Parts	Qty/Hrs	Rate	Total

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Subtotal: \$0.00

Tax: \$0.00

TOTAL: \$0.00

Notes / Warranty:

All parts and labor are guaranteed for ____ miles or ____ days. Please make checks payable to Service Provider Name.