

OIL CHANGE SHOP

123 Service Road
City, State, Zip
Phone: (555) 000-0000

INVOICE

Date: _____
Invoice #: _____

CUSTOMER:

Name: _____
Phone: _____
Email: _____

VEHICLE:

Year/Make/Model: _____
License Plate: _____
Mileage: _____

INSPECTION CHECKLIST:

Air Filter Tire Pressure Brake Fluid Coolant Level Wipers Lights/Signals

Description	Qty/Qty(Quarts)	Unit Price	Total
Oil Type: _____			
Oil Filter			
Labor / Service Fee			

Description

Qty/Qty(Quarts)

Unit Price

Total

Shop Supplies / Disposal

Subtotal: \$ _____

Tax: \$ _____

Total: \$ _____

Next Service Due: _____ Miles or Date: _____

Thank you for your business!