

TRANSMISSION REPAIR SHOP

123 Gearbox Lane, Auto City, ST 00000
Phone: (555) 000-0000

Invoice #: _____

Date: _____

CUSTOMER INFORMATION

Name: _____

Phone: _____

Address: _____

VEHICLE INFORMATION

Year/Make/Model: _____

VIN: _____

Mileage In/Out: _____

Description of Service / Parts	Qty/Hrs	Rate/Price	Total

TECHNICIAN NOTES & WARRANTY

Warranty Period: _____

Notes:

Labor Total: \$ _____

Parts Total: \$ _____

Shop Supplies: \$ _____

Sales Tax: \$ _____

Total Balance: \$ _____

Customer Signature: _____ **Date:** _____

I hereby authorize the repair work described above to be done along with the necessary materials. You and your employees may operate the vehicle for purposes of testing, inspection, or delivery.