

LABOR INVOICE

Fleet Maintenance Division

Invoice #: _____

Date: _____

SERVICE PROVIDER:

Phone: _____

BILL TO:

Attn: Fleet Manager

VEHICLE INFORMATION:

Unit #: _____

VIN: _____

Make/Model: _____

Year: _____

Odometer: _____

License: _____

Service Description / Labor Activity	Technician	Hours	Rate	Total

Service Description / Labor Activity	Technician	Hours	Rate	Total

Labor Subtotal: \$ _____

Misc/Shop Supplies: \$ _____

Tax: \$ _____

TOTAL DUE: \$ _____

Notes:

Authorized Signature: _____ Date: _____