

SERVICE INVOICE

Oil Change & Preventive Maintenance

Invoice #: _____

Date: _____

CUSTOMER INFO

Name: _____

Phone: _____

VEHICLE INFO

Year/Make/Model: _____

VIN/License: _____

Mileage: _____

MAINTENANCE CHECKLIST

Oil Filter Replaced
Air Filter Check
Tire Pressure Set
Brake Fluid Level
Coolant Level
Wiper Fluid Top-off
Belt Inspection
Battery Test
Exterior Lights Check

PARTS & LABOR

Description	Qty/Hrs	Rate	Total
Oil Type: _____ (___ Quarts)			
Oil Filter			

Description

Qty/Hrs

Rate

Total

Labor - Oil Service

Subtotal:\$ _____

Tax:\$ _____

GRAND TOTAL:\$ _____

Notes: _____

Thank you for your business! Next service due at: _____ miles.