

TRANSMISSION SPECIALIST

123 Workshop Lane

Phone: (555) 000-0000

Email: service@trans-specialist.com

INVOICE

Date: _____

Invoice #: _____

CUSTOMER INFO:

Name: _____

Address: _____

Phone: _____

VEHICLE DETAILS:

Year: _____

Make: _____

Model: _____

Mileage: _____

VIN: _____

Transmission Type: _____

PARTS

Qty	Description (Torque Converter, Rebuild Kit, Fluid, etc.)	Unit Price	Total
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Qty	Description (Torque Converter, Rebuild Kit, Fluid, etc.)	Unit Price	Total
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LABOR & SERVICES

Hours	Service Description (R&R, Bench Overhaul, Diagnostic)	Rate	Total
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Parts Total: \$ _____
 Labor Total: \$ _____
 Shop Supplies/Environmental: \$ _____
 Tax: \$ _____
 GRAND TOTAL: \$ _____

Warranty: _____

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

Customer Signature: _____ Date: _____