INVOICE

Interim Maintenance Service

[Workshop Name]

[Address Line 1]
[Phone Number]

CUSTOMER DETAILS

Name: _____

Phone: _____

Date: _____

VEHICLE DETAILS

Make/Model: _____

Registration: _____

Mileage: _____

SERVICE CHECKLIST (INTERIM)

[ ] Oil & Filter Change
[ ] Brake Fluid Level Check
[ ] Coolant Level Check
[ ] Tire Pressure & Tread
[ ] Battery Health Test
[ ] Lights & Indicators
[ ] Visual Brake Inspection
[ ] Windscreen Wash/Wipers
[ ] Steering/Suspension Check

Description of Work / Parts	Quantity	Unit Price	Total
Interim Service Labor Fee			
Engine Oil (Synthetic/Semi)			
Oil Filter			

Subtotal: $0.00
Tax (___%): $0.00

Total Amount: $0.00

Notes: _____

Terms: Payment due upon completion of service. All parts remain property of the workshop until paid in full.