INTERIM MAINTENANCE INVOICE

[Company Name]
[Address Line 1]
[Phone / Email]

Invoice #: _____
Date: _____
Service Advisor: _____

CUSTOMER INFORMATION

Name: _____
Contact: _____
Address: _____

VEHICLE DETAILS

Make/Model: _____
VIN/Reg: _____
Odometer: _____

DETAILED SERVICE CHECKLIST & PARTS

Service Description / Interim Inspection Items	Status	Parts/Consumables	Amount
Engine Oil Flush and Replacement (Synthetic/Semi)	Done	Oil Filter, 5W30	
Fluid Level Check (Coolant, Brake, Washer, Power Steering)	Top-up	Fluids Misc.	
Brake System Inspection (Pads, Discs, Lines)	Checked	-	
Tire Pressure, Tread Depth & Rotation	Done	-	

Service Description / Interim Inspection Items	Status	Parts/Consumables	Amount
Battery Health & Charging System Test	Tested	Terminal Spray	
Air Filter & Cabin Filter Inspection/Clean	Done	-	
General Safety Inspection (Lights, Wipers, Belts)	Pass	-	
		Labor Subtotal	

ADDITIONAL RECOMMENDATIONS / NOTES

Parts Subtotal: $ _____

Labor Subtotal: $ _____

Tax Rate (%): _____

TOTAL DUE: $ _____

Terms: Payment is due upon completion of services. Parts and labor are warrantied for [X] months or [X,XXX] miles.

Customer Signature: _____ Date: _____