SERVICE INVOICE

Fleet Interim Maintenance

Invoice #: _____

Date: _____

SERVICE PROVIDER

Name: _____

Address: _____

Phone: _____

CLIENT / FLEET OWNER

Company: _____

Contact: _____

Account #: _____

VEHICLE INFORMATION

Unit #: _____
VIN: _____
Make/Model: ____
Odometer: _____

Description of Service / Parts	Qty/Hrs	Unit Price	Total
Oil Change & Filter Replacement			
Fluid Level Check & Top-off			
Brake System Inspection			

Description of Service / Parts	Qty/Hrs	Unit Price	Total
Tire Rotation & Pressure Check			
Multi-point Safety Inspection			

Subtotal:$_____
Tax:$_____

Total Due:$_____

NOTES / RECOMMENDATIONS

_____

Technician Signature

_____

Fleet Manager Approval