SERVICE INVOICE

Invoice #: _____
Date: _____

SERVICE PROVIDER

CUSTOMER / BILL TO

VEHICLE / EQUIPMENT DETAILS

Make/Model:

VIN/Serial:

Odometer/Hours:

INTERIM MAINTENANCE CHECKLIST

[ ] Oil & Filter Change
[ ] Fluid Level Top-up
[ ] Brake Inspection
[ ] Battery/Charge Test
[ ] Tire Pressure/Tread
[ ] Belt & Hose Visual
[ ] Light/Signal Check
[ ] Air Filter Inspection
[ ] Diagnostics Scan

Description of Parts & Labor	Quantity/Hrs	Unit Price	Total

Parts Total: $ _____
Labor Total: $ _____
Tax: $ _____
Grand Total: $ _____

Notes / Recommendations:

Interim maintenance is recommended every _____ miles / months.
Thank you for your business.