SERVICE INVOICE

Preventive Interim Maintenance

Invoice #: _____
Date: ____/____/20____

SERVICE PROVIDER / COMPANY

BILL TO / CUSTOMER

ASSET/VEHICLE ID

CURRENT READING

SERVICE TYPE
Interim

DUE DATE

Description of Service / Parts Replaced	Qty	Unit Price	Amount

Subtotal $ _____
Tax Rate (%) _____
Tax Amount $ _____

Total Due $ _____

MAINTENANCE NOTES / OBSERVATIONS

Customer Signature: _____
Technician Signature: _____