SERVICE INVOICE

[Company Name]
[Street Address]
[City, State, Zip]
[Phone Number]

Invoice #: _____

Date: _____

Service Type: Scheduled Interim Maintenance

CLIENT INFORMATION

Name: _____

Address: _____

Phone: _____

ASSET / VEHICLE DETAILS

ID/VIN: _____

Make/Model: _____

Current Reading: _____

Description of Maintenance Task	Qty/Hrs	Rate	Total
Oil & Filter Change			
Fluid Level Inspection & Top-up			
Brake System Inspection			

Description of Maintenance Task	Qty/Hrs	Rate	Total
Tire Rotation & Pressure Check			
Battery & Charging System Test			

Subtotal: $ _____
Tax: $ _____

Grand Total: $ _____

TECHNICIAN NOTES

AUTHORIZATION

X _____

Thank you for your business. Please remit payment within [Number] days.