INVOICE

Company Name
Street Address
City, State, Zip
Phone / Email

Invoice #: _____
Date: _____
Due Date: _____

CLIENT DETAILS

Name: _____
Address: _____
Phone: _____

VEHICLE / ASSET INFORMATION

Make/Model: _____
VIN/Serial: _____
Odometer/Hours: _____

INTERIM MAINTENANCE CHECKLIST

[x]	Service Description	Cost
[ ]	Oil & Filter Change (Synthetic/Mineral)	$_____
[ ]	Fluid Levels Check & Top-up	$_____
[ ]	Brake Inspection & Cleaning	$_____
[ ]	Tire Pressure & Tread Depth Check	$_____

[x]	Service Description	Cost
[ ]	Battery & Alternator Test	$_____
[ ]	Multi-Point Safety Inspection	$_____
[ ]	Other: _____	$_____

PARTS & MATERIALS

Qty	Part Number / Description	Unit Price	Total
___	_____	$_____	$_____
___	_____	$_____	$_____

Labor Subtotal: $_____
Parts Subtotal: $_____
Tax: $_____

Total Due: $_____

NOTES / RECOMMENDATIONS

I hereby authorize the above repair work to be done along with the necessary material.

Signature: _____ Date: _____