

TRANSMISSION SERVICE ESTIMATE

Shop Name
Address Line 1
Phone: (555) 000-0000

Estimate #: _____
Date: _____

CUSTOMER INFORMATION Name: _____
Phone: _____
Email: _____
SERVICE ADVISOR Name: _____
ID: _____

VEHICLE INFORMATION

Year: _____

Make: _____

Model: _____

VIN: _____

Mileage: _____

Trans Type: _____

Drive:
FWD/RWD/AWD

License: _____

Description of Parts / Labor	Qty/Hrs	Rate	Total

Description of Parts / Labor

Qty/Hrs

Rate

Total

Parts Subtotal: \$ _____

Labor Subtotal: \$ _____

Shop Supplies: \$ _____

Tax: \$ _____

ESTIMATED TOTAL: \$ _____

Disclaimer: This estimate is based on our initial inspection. If additional parts or labor are required once work commences, you will be contacted for authorization. Estimates are valid for 30 days.

Customer Signature: _____ Date: _____