

SERVICE CENTER NAME

123 Mechanic Way, Auto City, ST 12345
Phone: (555) 012-3456
Email: service@garage.com

INVOICE

Invoice #: _____
Date: _____

CUSTOMER INFORMATION

Name: _____
Phone: _____
Email: _____

SERVICE ADVISOR

Technician: _____
In Date: _____
Out Date: _____

VEHICLE DETAILS

Year: _____

Make: _____

Model: _____

VIN: _____

Mileage In: _____

License: _____

PARTS & MATERIALS

Qty	Description / Part Number	Unit Price	Amount
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Qty	Description / Part Number	Unit Price	Amount
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LABOR & SERVICES

Description of Work Performed	Hours	Rate / Price
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Parts Total: \$ _____
 Labor Total: \$ _____
 Shop Supplies: \$ _____
 Tax: \$ _____
 Total Amount: \$ _____

Disclaimer: I hereby authorize the repair work to be done along with the necessary material and agree that you are not responsible for loss or damage to vehicle or articles left in vehicle in case of fire, theft or any other cause beyond your control. I understand that all repairs are guaranteed for _____ months or _____ miles.

Customer Signature: _____ Date: _____