# PROFORMA INVOICE

**[Repair Shop Name]**
[Address Line 1]
[Phone Number] | [Email]

**Date:** [MM/DD/YYYY]
**Proforma #:** [00000]
**Valid Until:** [Date]

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**BILL TO:**
[Customer Name]
[Company Name]
[Address Line 1]
[Phone/Contact]
**SERVICE LOCATION:**
[Site Name/Address]
[Field Service / In-Shop]

**EQUIPMENT DETAILS:**
Machine: [Make/Model] | Serial #: [0000000] | Unit ID: [ID] | Hours: [0000]

| DESCRIPTION OF PARTS / LABOR | QTY/HRS | UNIT PRICE | AMOUNT |
|---|---|---|---|
| [Service Labor: Description of repair work] | 0.0 | 0.00 | 0.00 |
| [Part Number - Description] | 0 | 0.00 | 0.00 |
| [Consumables/Shop Supplies] | 1 | 0.00 | 0.00 |
| [Environmental/Disposal Fees] | 1 | 0.00 | 0.00 |

Subtotal: $0.00
Tax Rate ([0]%): $0.00
ESTIMATED TOTAL: $0.00

**Notes & Terms:**

1. This is a proforma invoice based on initial diagnostic. Final costs may vary upon teardown.
2. Payment terms: [e.g., 50% deposit required to order parts].
3. Freight charges for heavy components are estimated.