INVOICE

Service: Bicycle Bearing Maintenance

Date: ____/____/20____

Invoice #: _____

Client Information:

Name: _____
Phone: _____
Bicycle Make/Model: _____

Provider:

Shop Name: _____
Technician: _____

Bearing Location	Service Type (Clean/Degrease/Pack)	Grease Used	Cost
Front Hub			
Rear Hub			
Bottom Bracket			
Headset			
Pedals / Pivot Bearings			

Labor Subtotal: $_____

Parts/Materials: $_____

TOTAL DUE: $_____

Notes: _____

Thank you for your business. Please inspect all components before riding.