SERVICE INVOICE

Bicycle Brake Specialist
123 Workshop Lane
City, State, Zip

Date: _____
Invoice #: _____

CUSTOMER INFO:

Name: _____
Phone: _____
Email: _____

BICYCLE DETAILS:

Make/Model: _____
Brake Type: [ ] Disc [ ] Rim [ ] Hydraulic
Serial #: _____

Description of Service / Parts	Qty	Price	Total
Brake Pad Replacement (Front/Rear)			
Hydraulic Line Bleed & Fluid Flush			
Rotor Truing / Replacement			
Cable & Housing Replacement			
Caliper Alignment & Cleaning			

Labor Total:$_____
Parts Total:$_____
Tax:$_____

GRAND TOTAL:$_____

NOTES / MECHANIC RECOMMENDATIONS:

Safety Warning: Always test brakes at low speed after service. Check bolt torque after first ride.