INVOICE

Service: Bicycle Safety Inspection

Invoice #: _____

Date: _____

CLIENT DETAILS:

Name:
Phone:
Email:

BICYCLE DETAILS:

Make/Model:
Serial #:
Frame Color:

SAFETY INSPECTION CHECKLIST

Frame & Fork Alignment
Brake Pad Wear/Clearance
Cable & Housing Condition
Tire Condition/Pressure
Chain Wear & Lube
Drivetrain Indexing
Wheel Trueness
Hub/Bearing Play
Stem & Bar Torque
Crankset/BB Security
Pedal Tightness
Accessory Security

Description of Service / Parts Replacement	Qty	Unit Price	Total
Standard Safety Inspection Labor			

Subtotal: $_____
Tax: $_____
GRAND TOTAL: $_____

Notes / Technician Recommendations:

Disclaimer: This inspection is a visual and functional check at the time of service. Regular maintenance is required for continued safe operation.