SERVICE INVOICE

Bicycle Wheel Truing Specialist

INVOICE #
DATE

CUSTOMER INFORMATION

Name:

Phone:

Email:

BICYCLE / WHEEL SPECS

Make/Model:

Wheel Type (F/R):

Spoke Count:

Service Description	Qty	Unit Price	Total
Lateral / Radial Truing (Standard)			
Spoke Replacement / Tension Balancing			
Hub Adjustment / Overhaul			
Parts (Spokes, Nipples, Rim Tape)			

Service Description	Qty	Unit Price	Total

Subtotal: $_____
Shop Supplies/Tax: $_____
TOTAL DUE: $_____

MECHANIC NOTES

Thank you for your business. Please check spoke tension after your first ride.