DIESEL SERVICE REPAIR

123 Heavy Duty Way
Trucking District, ST 12345

INVOICE

Date: _____
Invoice #: _____

CUSTOMER INFO:

Name: _____
Phone: _____
Address: _____

VEHICLE/ENGINE INFO:

Unit/VIN: _____
Engine Model: _____
Mileage/Hours: _____

Description of Parts / Service	Qty/Hrs	Rate	Total

Description of Parts / Service	Qty/Hrs	Rate	Total

Labor Subtotal: $_____

Parts Subtotal: $_____

Shop Supplies / Environmental: $_____

Tax: $_____

GRAND TOTAL: $_____

Terms: Payment is due upon completion. All parts replaced carry a manufacturer's warranty only unless otherwise specified.

Customer Signature: _____ Date: _____