SERVICE INVOICE

Service Center: _____

Address: _____

Phone: _____

Invoice #: _____

Date: _____

CUSTOMER INFORMATION:

Name: _____

Address: _____

Phone: _____

VEHICLE DETAILS:

Year/Make/Model: _____

VIN: _____

Mileage In: _____ Out: _____

Diagnostic Description / Trouble Codes (DTC)	Labor Hours	Parts/Supplies	Amount

Labor Total: $_____

Parts Total: $_____

Tax: $_____

TOTAL DUE: $_____

Technician Findings & Recommendations:

_____
_____

_____
_____

Customer Signature: _____ Date: _____