SERVICE INVOICE

[Business Name]
[Street Address]
[City, State, Zip]

Invoice #: _____
Date: _____

CUSTOMER DETAILS

Name: _____
Phone: _____
Email: _____

VEHICLE INFORMATION

Year:
_____
Make:
_____
Model:
_____
Mileage:
_____

Steering Component / Service Description	Qty/Hrs	Rate	Total
Rack and Pinion Assembly			
Tie Rod Ends (Inner/Outer)			
Power Steering Pump / Fluid Flush			
Steering Column / Intermediate Shaft			

Steering Component / Service Description	Qty/Hrs	Rate	Total
Wheel Alignment Service			
Labor: Diagnostics & Installation			

Subtotal: $_____
Tax: $_____
Total Amount: $_____

Notes / Recommendations: _____

Warranty: [X] Months or [X,XXX] Miles on all steering components listed above. All parts replaced remain property of the service provider until full payment is received.