INVOICE

Invoice #:

Date:

Service Provider

CUSTOMER INFORMATION

Name:

Phone:

Email:

VEHICLE DETAILS

Year/Make/Model:

VIN:

Mileage:

DIAGNOSTIC & TROUBLESHOOTING REPORT

Description of Electrical Issue / Fault Codes	Labor Hours

PARTS & COMPONENTS

Part Name / Serial #	Qty	Unit Price	Total

Labor Subtotal:

Parts Subtotal:

Tax:

TOTAL:

NOTES / WARRANTY

All electrical repairs are guaranteed for _____ days. No returns on electrical components once installed.

Customer Signature: