LABOR INVOICE

Trucking Repair Shop Name
123 Maintenance Way
City, State, Zip
Phone: (555) 000-0000

Invoice #: _____
Date: _____
P.O. #: _____

CUSTOMER INFORMATION

Name: _____
Address: _____
Phone: _____

VEHICLE DETAILS

Unit #: _____ VIN: _____
Make/Model: _____
Mileage In: _____ Out: _____

Description of Service / Labor Performed	Technician	Hours	Rate	Total

Parts / Shop Supplies Summary	Amount
Total Parts Cost	
Shop Supplies / EPA Fees	

Labor Total: $ _____
Parts Total: $ _____
Tax: $ _____

GRAND TOTAL: $ _____

Disclaimer: I hereby authorize the above repair work to be done along with the necessary material. You and your employees may operate the vehicle for purposes of testing and inspection.

Customer Signature: _____
Date: _____