SERVICE INVOICE

Business Name
Address Line 1
Phone: (555) 000-0000

Date: _____
Invoice #: _____

CUSTOMER INFORMATION

Name: _____
Phone: _____
Email: _____

VEHICLE INFORMATION

Year/Make/Model: _____
VIN: _____
Mileage: _____

Description of Service / Parts	Qty	Unit Price	Total
Oil Filter (Type: _____)			
Oil (Grade: _____ Qts: ___)			
Air / Cabin Filter Replacement			
Labor - Oil Change & Inspection			

PREVENTIVE MAINTENANCE CHECKLIST

[ ] Tire Pressure Adjusted
[ ] Brake Fluid Level
[ ] Coolant Level
[ ] Power Steering Fluid
[ ] Wipers / Washer Fluid
[ ] Serpentine Belt
[ ] Battery Condition
[ ] Exterior Lights
[ ] Tire Tread Depth: ____

Subtotal:$_____
Tax:$_____

GRAND TOTAL:$_____

Notes:

_____
_____

Customer Signature: _____