INVOICE

[Shop Name]
[Address Line 1]
[Phone Number]

Invoice #: _____
Date: _____

CUSTOMER INFO

Name: _____
Phone: _____
Email: _____

VEHICLE INFO

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

Description of Parts / Transmission Components	Qty	Unit Price	Total
Labor / Diagnostic Services	**Hours**	**Rate**	**Total**

Parts Subtotal: $_____
Labor Subtotal: $_____

Tax: $_____

GRAND TOTAL: $_____

Warranty Terms:

[ ] 12 Months / 12,000 Miles
[ ] 24 Months / 24,000 Miles
[ ] Other: _____

I hereby authorize the above repair work to be done along with the necessary material and agree that you are not responsible for loss or damage to vehicle or articles left in vehicle in case of fire, theft, or any other cause beyond your control.

Customer Signature: _____