DIAGNOSTIC INVOICE

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

Invoice #: _____
Date: _____

CUSTOMER DETAILS **Name:** _____
Phone: _____
VEHICLE DETAILS **VIN:** _____
Make/Model: _____
Mileage: _____

DIAGNOSTIC ASSESSMENT FINDINGS

Diagnostic Procedure / Error Codes	Result/Status
Full System ECU Scan	
DTC Codes Found: _____	
Live Data Stream Analysis	
Electrical Continuity/Ground Test	
Mechanical Inspection	

BILLING SUMMARY

Description of Service/Parts	Qty/Hrs	Rate	Amount
Diagnostic Labor Charge			
Software/Equipment Licensing Fee			
Consumables			

Subtotal: _____

Tax: _____

Total Balance Due: _____

Technician Notes: _____

Recommendation: _____