

BRAKE REPAIR SPECIALIST

123 Service Lane
City, State, ZIP
Phone: (555) 000-0000

INVOICE

Invoice #: _____

Date: _____

BILL TO:

VEHICLE INFO:

Year/Make/Model: _____

VIN: _____

Mileage: _____

Description of Parts & Labor	Qty/Hrs	Rate	Amount
Brake Pad Replacement (Front/Rear)			
Rotor Resurfacing / Replacement			
Brake Fluid Flush & Bleed			
Caliper Service / Inspection			

Description of Parts & Labor	Qty/Hrs	Rate	Amount
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Subtotal: \$ _____

Tax: \$ _____

Total: \$ _____

Warranty: All brake work is guaranteed for _____ months or _____ miles.

Thank you for choosing Brake Repair Specialist. Please drive safely.