

VEHICLE REPAIR INVOICE

[Shop Name]
[Street Address]
[City, State, Zip]
[Phone Number]

Invoice #: _____

Date: _____

RO #: _____

CUSTOMER INFORMATION

Name: _____

Phone: _____

Email: _____

SERVICE ADVISOR

Name: _____

Tech ID: _____

VEHICLE DETAILS

Year _____

Make _____

Model _____

VIN _____

Mileage In _____

Mileage Out _____

License Plate _____

Color _____

PARTS & MATERIALS

Part #	Description	Qty	Unit Price	Total
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LABOR & SERVICES

Service Description	Hours	Rate	Total
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NOTES / RECOMMENDATIONS

Additional findings or future service requirements...

Labor Subtotal:\$ _____
 Parts Subtotal:\$ _____
 Shop Supplies:\$ _____
 Tax:\$ _____
 Total Amount:\$ _____

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.

X _____
 Customer Signature Date: _____