

ENGINE DIAGNOSTIC INVOICE

Service Center Name

123 Workshop Blvd
City, State, ZIP

INVOICE #
DATE

CUSTOMER INFORMATION

VEHICLE INFORMATION

Year / Make / Model: _____

VIN: _____

Mileage: _____

Description of Diagnostic Service / Trouble Codes	Hours	Amount
Engine Control Unit (ECU) Scan		
Sensor Verification & Live Data Analysis		
Multi-point Engine Inspection		

Labor Subtotal: \$ _____

Parts/Supplies: \$ _____

Tax: \$ _____

TOTAL DUE: \$ _____

TECHNICIAN FINDINGS & RECOMMENDATIONS

Thank you for choosing our diagnostic services.