

INVOICE

Service Provider: _____

Address: _____

Invoice #: _____

Date: _____

Client / Fleet Dept:

Payment Terms: _____

Due Date: _____

VEHICLE DETAILS

Unit #: _____ | VIN: _____ | Make/Model: _____ |

Odometer: _____

Service Description	Part # / Labor Hrs	Unit Cost	Total
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____

Subtotal: \$ _____

Tax: \$ _____

Grand Total: \$ _____

Notes / Recommendations:
