

HYBRID SERVICE INVOICE

Specialized EV & HV Maintenance

Invoice # _____

Date _____

CUSTOMER DETAILS

Name: _____

Phone: _____

Address: _____

VEHICLE DETAILS

Year/Make/Model: _____

VIN: _____

Mileage: _____

Description of Service / Parts (e.g., Battery Diagnostic, Inverter Coolant)	Qty/Hrs	Rate	Amount

Labor Total: \$ _____

Parts Total: \$ _____

Tax: \$ _____

GRAND TOTAL: \$ _____

Hybrid System Health Notes:

Certified High-Voltage Technician Signature: _____

Thank you for choosing specialized hybrid care.