

INVOICE

Company Name
123 Service Road
City, State, Zip
Phone: (555) 000-0000

Date: _____
Invoice #: _____

Customer Information:

Name: _____
Address: _____
Phone: _____

Vehicle Details:

Year/Make/Model: _____
VIN: _____
Mileage: _____

Description of Service	Qty/Hrs	Rate	Amount
Oil & Filter Change			
Tire Rotation & Inspection			
Brake Fluid Flush			
Cabin/Air Filter Replacement			
Multi-Point Inspection			

Description of Service

Qty/Hrs

Rate

Amount

Parts Total: \$ _____

Labor Total: \$ _____

Tax: \$ _____

Grand Total: \$ _____

Notes: _____

Thank you for your business. All parts and labor are guaranteed for 12 months or 12,000 miles.