TRANSMISSION SERVICE CENTER

123 Gearbox Lane
Auto City, ST 12345
Phone: (555) 012-3456

INVOICE

Date: _____
Invoice #: _____

CUSTOMER INFORMATION:

Name: _____
Address: _____
Phone: _____

VEHICLE INFORMATION:

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

Description of Service / Parts	Quantity	Unit Price	Total

Labor Subtotal: $ _____
Parts Subtotal: $ _____
Tax: $ _____

TOTAL DUE: $ _____

Warranty: All transmission repairs are covered by a _____ month / _____ mile limited warranty. Parts and labor included unless otherwise specified.

Customer Signature: _____ Date: _____