REPAIR INVOICE

Shop Name
Address Line 1
Phone: (555) 000-0000

Invoice #: _____
Date: _____

CUSTOMER INFORMATION

Name: _____
Phone: _____
Email: _____

VEHICLE INFORMATION

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

PARTS & MATERIALS

Description	Qty	Unit Price	Total

LABOR & SERVICES

Service Description	Hours	Rate	Total

Service Description	Hours	Rate	Total

Labor Total: $_____
Parts Total: $_____
Tax: $_____

GRAND TOTAL: $_____

Authorization: I hereby authorize the above repair work to be done along with the necessary material and agree that you are not responsible for loss or damage to vehicle or articles left in vehicle in case of fire, theft, or any other cause beyond your control.

X_____ (Customer Signature)