SERVICE INVOICE

[Shop Name]
[Address Line 1]
[Phone Number]
[License/Tax ID]

Invoice #: _____
Date: _____
Advisor: _____

CUSTOMER INFORMATION

Name: _____
Phone: _____
Email: _____

VEHICLE INFORMATION

Year/Make/Model: _____
VIN: _____
Mileage: _____ Odometer In: ____

DIAGNOSTIC RESULTS & SERVICES

Code	Description of Service / Parts Used	Qty	Amount

Code	Description of Service / Parts Used	Qty	Amount

TECHNICIAN NOTES

Labor Total: $ _____
Parts Total: $ _____
Shop Supplies / Hazmat: $ _____
Tax: $ _____

Grand Total: $ _____

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. I understand that a diagnostic fee may apply even if no further repairs are authorized.

Customer Signature: _____ Date: _____