# REPAIR INVOICE

**Service Provider:**
[Shop Name]
[Address]
[Phone/Email]

**Invoice #: _____ Date: _____ PO #: _____**

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**Fleet Client Info**

[Company Name]
[Department]
[Contact Name]
[Address]

**Vehicle Information**

**VIN: _____**
**Unit #: _____**
**Make/Model: _____**
**Odometer: _____**

| Description of Service / Parts | Qty/Hrs | Unit Price | Total |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Subtotal:$0.00
Tax:$0.00
Fees/Hazmat:$0.00

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**Total Due:$0.00**

## Notes / Disclaimers

All repairs carry a [Number] day warranty on parts and labor. Vehicle released upon payment or approved fleet credit terms.