MUFFLER & EXHAUST SERVICE

123 Shop Lane, City, State, Zip
Phone: (555) 000-0000

INVOICE

Date: _____
Invoice #: _____

CUSTOMER INFO:

Name: _____
Phone: _____
Email: _____

VEHICLE INFO:

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

Description of Service / Parts (Mufflers, Pipes, Catalytic Converters, etc.)	Qty	Unit Price	Total

Description of Service / Parts (Mufflers, Pipes, Catalytic Converters, etc.)	Qty	Unit Price	Total

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

GRAND TOTAL: $ _____

Notes / Warranty: _____

Customer Signature: _____ Date: _____