# TRANSMISSION SPECIALIST

123 Gearbox Lane
Auto City, ST 12345
Phone: (555) 000-0000

## INVOICE

Invoice #: _____
Date: _____

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**CUSTOMER INFORMATION**

Name: _____
Address: _____
Phone: _____

**VEHICLE DETAILS**
Year/Make/Model: _____
VIN: _____
Mileage In: _____ Out: _____

| Description of Service / Parts | Qty/Hrs | Rate | Total |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

| Description of Service / Parts | Qty/Hrs | Rate | Total |
|---|---|---|---|
| | | | |

**WARRANTY & NOTES:**

All transmission repairs carry a ____ month / ____ mile warranty on parts and labor. No warranty on customer-supplied parts.

Labor Total:$_____
Parts Total:$_____
Shop Supplies / Fluid:$_____
Tax:$_____
TOTAL DUE:$_____

_____
Technician Signature

_____
Customer Signature (Authorization)