INVOICE

MHE Parts & Service Division

Invoice #: _____

Date: _____

BILL TO:

_____
_____
_____

EQUIPMENT INFO:
Make: _____
Model: _____
Serial: _____

Part Number	Description	Qty	Unit Price	Amount

Subtotal: $_____
Tax: $_____
Shipping: $_____

TOTAL: $_____

Notes: All parts are subject to manufacturer warranty. Returns accepted within 30 days in original packaging.