INVOICE

Audio Repair Service Name
Street Address, City, State, ZIP
Phone: (555) 000-0000

Invoice #: _____
Date: _____

CLIENT:

Name: _____
Address: _____
Email: _____

EQUIPMENT DETAILS:

Brand/Model: _____
Serial No: _____
Issue: _____

Description of Parts / Labor	Qty/Hrs	Rate	Total

Description of Parts / Labor	Qty/Hrs	Rate	Total

Subtotal: $_____
Tax: $_____

Total Amount: $_____

Notes / Warranty:

All repairs include a 90-day warranty on labor and parts listed above. No warranty on water damage or tube components.

Thank you for your business!