INVOICE

Auto Electrical Specialist

Invoice #: _____

Date: _____

CUSTOMER INFORMATION

Name:

Phone:

Address:

VEHICLE DETAILS

Year/Make/Model:

VIN:

Mileage:

PARTS & COMPONENTS

Qty	Description (Alternator, Battery, Fuses, Wiring, etc.)	Unit Price	Total

LABOR & ELECTRICAL DIAGNOSTICS

Hours	Service Description	Rate	Total

NOTES / WARRANTY

All electrical repairs carry a ____ day warranty on labor.
Parts are subject to manufacturer warranty.

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

Grand Total: $_____

Customer Signature: _____
Technician: _____