INVOICE

SRS / Airbag Diagnostic Service

Date: _____

Invoice #: _____

SERVICE PROVIDER

[Business Name]
[Address]
[Phone]

CUSTOMER INFORMATION

[Customer Name]
[Phone/Email]
[Vehicle VIN]

VEHICLE DETAILS

Year/Make/Model: _____

Mileage: _____

DIAGNOSTIC FINDINGS (DTC CODES)

Code	Description / Component	Status

SERVICE & PARTS

Description of Work	Qty	Price
SRS System Scanning & Reset	1	$0.00

Description of Work	Qty	Price
[Component Replacement]	-	-
Labor	-	-

Subtotal:$0.00

Tax:$0.00

Total:$0.00

Safety Disclaimer: The airbag (SRS) system is a critical safety component. Repairs were performed according to manufacturer specifications at the time of service. Customer is advised to maintain regular safety inspections.

Customer Signature: _____ Date: _____