ABS SPECIALIST INVOICE

[Business Name]
[Address Line 1]
[Phone Number]

Invoice #: _____
Date: _____

CUSTOMER DETAILS

[Name]
[Address]
[Phone]

VEHICLE IDENTIFICATION

VIN: _____
Make/Model: _____
Mileage: _____

Description (Parts & Labor)	Part #	Qty	Unit Price	Total
ABS Control Module / ECU				
Wheel Speed Sensor (FL / FR / RL / RR)				
Hydraulic Actuator / Pump Assembly				
Brake Fluid Flush & ABS Bleeding	--			
Diagnostic Scan & Code Clearing	--			

Diagnostic Notes:
DTC Codes: _____
Sensor Resistance Readings: FL: _____Ω | FR: _____Ω | RL: _____Ω | RR: _____Ω

Subtotal: $_____

Tax: $_____

Grand Total: $_____

All ABS components installed carry a [Duration] warranty.
Certified Technician Signature: _____ Date: _____