DIAGNOSTIC INVOICE

Shop Name: _____

Phone: _____

Date: _____

Invoice #: _____

CUSTOMER INFO

Name: _____

Phone: _____

VEHICLE INFO

Year/Make/Model: _____

VIN: _____

Mileage: _____

SCAN TOOL DIAGNOSTICS

System Scanned (ECM/TCM/ABS/SRS)	DTC Codes Found	Description / Status

LABOR & ANALYSIS

Description of Work (Live Data, Pinout Test, Inspection)	Hours	Amount

TECHNICIAN NOTES / RECOMMENDED REPAIRS

Diagnostic Fee: $ _____
Labor Total: $ _____
Tax: $ _____

GRAND TOTAL: $ _____

Authorization: I hereby authorize the above diagnostic work to be performed. I understand that diagnostics identify faults but do not include the cost of subsequent repairs.

Signature: _____ Date: _____