INVOICE

Service Center Name
123 Electric Way
Hybrid City, ST 00000

Date: _____
Invoice #: _____

CUSTOMER INFORMATION

Name: _____
Phone: _____
Email: _____

VEHICLE SPECIFICATIONS

Year/Make/Model: _____
VIN: _____
Mileage: _____

HV SYSTEM DIAGNOSTIC REPORT

Test Parameter	Measured Value	Status (Pass/Fail)
Hybrid Battery State of Health (SOH)	_____ %	_____
Delta Voltage (Cell Block Variance)	_____ V	_____
Insulation Resistance (Isolation)	_____ MÎ©	_____
HV Interlock Loop Integrity	_____	_____
DC/DC Converter Output	_____ V	_____

DIAGNOSTIC TROUBLE CODES (DTCS)

_____

LABOR & PARTS

Description	Qty/Hrs	Rate	Amount
HV Diagnostic Fee (Level 1/2/3)			
HV Component Labor			
Parts/Materials			

Subtotal: $_____

Tax: $_____

Total Balance Due: $_____

HIGH VOLTAGE SAFETY NOTICE: Diagnostic performed by certified HV technicians. Components tested may carry upwards of 300V-800V DC. If "Fail" status is indicated for Isolation, do not attempt to operate vehicle until repaired.

Technician Signature: _____ License #: _____