OBD SCAN INVOICE

[Service Center Name]

[Address / Contact]

INVOICE #
DATE

CUSTOMER INFORMATION

Name:

Phone:

VEHICLE INFORMATION

Year/Make/Model:

VIN:

Mileage:

DIAGNOSTIC SCAN RESULTS (DTCS)

Code	System / Description	Status

SERVICES & FEES

Description	Qty	Amount
Full System OBD-II Diagnostic Scan	1	
Error Code Clearing / Reset		
Labor / Consultation Time		

Subtotal: $_____

Tax: $_____

TOTAL DUE: $_____

TECHNICIAN NOTES

Disclaimer: A diagnostic scan identifies reported electronic faults but may not reveal mechanical failures.