INVOICE

Business Name
Address Line 1
City, State, Zip
Phone: (000) 000-0000

Invoice #: [0000]
Date: [MM/DD/YYYY]
Due Date: [MM/DD/YYYY]

CLIENT:

[Client Name]
[Client Address]
[Phone/Email]

VEHICLE INFO:

Year/Make/Model: [Vehicle Detail]
VIN: [Number]
Odometer: [Reading]

Sensor Type / Service Description	Diagnostic Tool	Qty	Unit Price	Total
[e.g., ABS Wheel Speed Sensor Test]	[Scanner Model]	1	$0.00	$0.00
[e.g., O2 Sensor Voltage Calibration]	[Oscilloscope]	1	$0.00	$0.00

Sensor Type / Service Description	Diagnostic Tool	Qty	Unit Price	Total
[e.g., ADAS Camera/Radar Alignment]	[Target Frame]	1	$0.00	$0.00

Subtotal: $0.00
Tax (0%): $0.00

Total Amount: $0.00

Notes / Testing Observations:

Payment is due within [X] days. All testing performed per manufacturer specifications.