Your Shop Name

AUTO REPAIR INVOICE

SHOP ADDRESS	PHONE	EMAIL
123 Main Street, Your City, ST 00000	(555) 010-0100	service@yourshop.example
INVOICE / REPAIR ORDER NO.	**DATE IN**	**DATE OUT**
RO-1042	2026-03-02	2026-03-03

CUSTOMER AND VEHICLE

CUSTOMER NAME	PHONE	EMAIL
Jordan Sample	(555) 010-0199	jordan@example.com

YEAR	MAKE	MODEL	COLOR
2018	Sample Make	Sample Model	Silver
VIN	**LICENSE PLATE / STATE**	**ODOMETER IN**	**ODOMETER OUT**
1XXXXXXXXXXXXXXXX	ABC1234 / ST	84,210	84,226

CUSTOMER CONCERN, CAUSE AND CORRECTION

CUSTOMER CONCERN

Grinding noise from front wheels when braking.

CAUSE (WHAT THE TECHNICIAN FOUND)

Front brake pads worn to the metal; rotors scored.

CORRECTION (WHAT WAS DONE)

Replaced front pads, resurfaced rotors, road tested, checked fluid level.

PARTS

PART NO.	DESCRIPTION	QTY	UNIT PRICE	AMOUNT
BP-1180	Front brake pad set	1	48.00	48.00
RT-220	Brake cleaner and clips	1	9.50	9.50

LABOR

DESCRIPTION (HOURS X RATE, OR FLAT RATE)	HOURS	RATE	AMOUNT
Replace front brake pads	1.5	95.00	142.50
Resurface front rotors (flat rate)	1.0	95.00	95.00

SUBLET (OUTSIDE) WORK

DESCRIPTION	VENDOR	AMOUNT

Payment method: [ ] Cash [ ] Card [ ] Check [ ] Other ____

WARRANTY

WARRANTY ON PARTS AND LABOR (PERIOD, MILES, EXCLUSIONS)

Parts and labor: 12 months / 12,000 miles. Wear items excluded.

AUTHORIZATION

I authorize the repairs described above and acknowledge that I received my vehicle and a copy of this invoice. Estimate and approval reference no.: _____

Parts subtotal	57.50
Labor subtotal	237.50
Sublet subtotal	0.00
Shop supplies / fees	12.00
Subtotal	307.00
Sales tax (rate 7 %)	21.49
TOTAL	**328.49**
Deposit / paid	100.00
Balance due	228.49

CUSTOMER SIGNATURE	DATE
	2026-03-03
TECHNICIAN	**SERVICE ADVISOR**
A. Technician	B. Advisor

Blank template for general use. Check your state or local rules on written estimates, invoices and sales tax, and confirm with your accountant.