Shop name

AUTO REPAIR INVOICE

SHOP ADDRESS	PHONE	EMAIL
INVOICE / REPAIR ORDER NO.	DATE IN	DATE OUT

CUSTOMER AND VEHICLE

CUSTOMER NAME	PHONE	EMAIL

YEAR	MAKE	MODEL	COLOR
VIN	LICENSE PLATE / STATE	ODOMETER IN	ODOMETER OUT

CUSTOMER CONCERN, CAUSE AND CORRECTION

CUSTOMER CONCERN

CAUSE (WHAT THE TECHNICIAN FOUND)

CORRECTION (WHAT WAS DONE)

PARTS

PART NO.	DESCRIPTION	QTY	UNIT PRICE	AMOUNT

LABOR

DESCRIPTION (HOURS X RATE, OR FLAT RATE)	HOURS	RATE	AMOUNT

SUBLET (OUTSIDE) WORK

DESCRIPTION	VENDOR	AMOUNT

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

WARRANTY

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

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	
Labor subtotal	
Sublet subtotal	
Shop supplies / fees	
Subtotal	
Sales tax (rate ____ %)	
TOTAL	
Deposit / paid	
Balance due	

CUSTOMER SIGNATURE	DATE
TECHNICIAN	SERVICE ADVISOR

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