Shop name

COMPUTER REPAIR INVOICE

SHOP ADDRESS	PHONE	EMAIL

INVOICE NO.	JOB / TICKET NO.	DATE IN	DATE OUT

CUSTOMER AND DEVICE

CUSTOMER NAME	PHONE	EMAIL

DEVICE TYPE (LAPTOP, DESKTOP, TABLET...)	BRAND AND MODEL	SERIAL NUMBER

ACCESSORIES RECEIVED ☐ Charger / power adapter ☐ Carry bag ☐ Battery ☐ Mouse ☐ External drive ☐ Other: _____

PROBLEM REPORTED BY THE CUSTOMER

DIAGNOSIS (WHAT THE TECHNICIAN FOUND)

WORK PERFORMED

PARTS

PART NO.	DESCRIPTION	PART SERIAL NO.	QTY	UNIT PRICE	AMOUNT

LABOR AND SERVICES

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

DATA BACKUP / RECOVERY

SERVICE (BACKUP, DATA TRANSFER, RECOVERY ATTEMPT)	AMOUNT

Parts subtotal	
Labor and services subtotal	
Data service subtotal	
Subtotal	
Sales tax (rate ____ %)	
TOTAL	
Deposit / paid	
Balance due	

PAYMENT METHOD ☐ Cash ☐ Card ☐ Check ☐ Other

WARRANTY (PARTS AND LABOR: PERIOD AND EXCLUSIONS)

DATA AND AUTHORIZATION

[ ] Customer provided the device password / PIN, and understands it is used only for testing. [ ] Customer confirms a backup exists, or declines a backup. The shop is not responsible for data loss unless agreed in writing.

I authorize the work described above and confirm I received my device and the accessories listed, in working order. Devices not collected within ____ days of the ready notice may be handled as stated in the shop policy.

CUSTOMER SIGNATURE	DATE

TECHNICIAN	SHOP REPRESENTATIVE

Blank template for general use. Backup, liability and unclaimed-device wording is an example for you to adapt. Check your state or local rules on written estimates, invoices, sales tax and abandoned property, and confirm with your accountant or an attorney.

Shop name

REPAIR RECEIPT

Short pickup receipt: hand it over with the repaired device, together with the full invoice if one was issued.

SHOP ADDRESS		PHONE
RECEIPT NO.	INVOICE / JOB NO.	DATE PICKED UP
CUSTOMER NAME		PHONE
DEVICE AND MODEL		SERIAL NUMBER

REPAIR COMPLETED

ITEM (PART, LABOR OR SERVICE)	AMOUNT

Subtotal	
Sales tax (rate ____ %)	
TOTAL paid	
Payment method	

RETURNED WITH THE DEVICE ☐ Charger / power adapter ☐ Carry bag ☐ Battery ☐ Mouse ☐ External drive ☐ Other: _____

WARRANTY ON THIS REPAIR (PERIOD AND EXCLUSIONS)

I received my device, tested it at the counter and confirm it works as described. I have the accessories ticked above.

CUSTOMER SIGNATURE	DATE
SHOP REPRESENTATIVE	

Blank template for general use. Keep one signed copy with the job record.