[Shop name]

[Street address, city, state ZIP] · [Phone]
[Email] · State reg. # (e.g. BAR ARD #) [ ] · EPA ID # [ ]

REPAIR INVOICE

Keep a copy for your records

INVOICE #	REPAIR ORDER #	DATE	WORK COMPLETED

CUSTOMER

Name _____
Address _____
Phone _____
Email _____

VEHICLE

Year / make / model _____
VIN _____
Plate / state _____
Odometer in _____ Odometer out _____

LABOR

SERVICE / REPAIR PERFORMED (incl. diagnosis and warranty work)	TECH	HOURS	RATE	AMOUNT

PARTS

PART #	DESCRIPTION	NEW / USED / REBUILT	QTY	UNIT PRICE	AMOUNT

Condition: New, Used, Reconditioned, Rebuilt, OEM crash part or Non-OEM aftermarket crash part. List every part you charge for; no generic "shop supplies" line.

OTHER ITEMIZED CHARGES (sublet work, hazardous waste fee, towing)

_____ _____
_____ _____
_____ _____

Labor subtotal	
Parts subtotal (before tax)	
Other itemized charges	
Sales tax (____% on _____)	
TOTAL	
Paid / deposit	
BALANCE DUE	

AUTHORIZATION RECORD

Estimate authorized by · date & time · phone or email used _____

Additional work authorized: what · amount · by whom · date & time · how _____

Replaced parts: returned to customer / kept for core or warranty return _____

WARRANTY & PAYMENT

[Warranty on parts and labor, e.g. 12 months / 12,000 miles] · [Payment methods accepted]

_____ _____
Customer signature Date