YOUR SHOP NAME
Street Address
City, State ZIP
Phone: (000) 000-0000
Email: shop@example.com

INVOICE

Invoice #: _____

Date: ____ / ____ / _____

Due Date: ____ / ____ / _____

BILL TO	VEHICLE INFORMATION
Customer Name: _____	Year / Make / Model: _____
Phone: _____	VIN: _____
Email: _____	License Plate: _____
Address: _____	Mileage: _____

Labor / Services

Service / Labor Description	Hours	Rate	Line Total

Parts / Materials

Part / Item Description	Qty	Unit Price	Line Total

Notes / Customer Approval

_____

_____

Customer Signature: _____

Labor Subtotal:	$_____
Parts Subtotal:	$_____
Shop Supplies / Fees:	$_____
Tax:	$_____
Amount Paid:	$_____
Total Due:	**$_____**