AUTO REPAIR INVOICE

REPAIR SHOP

Business name _____

Address _____

Phone / email _____

Shop registration no. _____

EPA ID no. (if a disposal fee is charged) _____

INVOICE DETAILS

Invoice no. _____

Invoice date _____

Payment terms _____

Due date _____

Repair order no. _____

Service advisor _____

BILL TO (CUSTOMER)

Customer name _____ Phone / email _____

Address _____

VEHICLE

Year / make / model _____

VIN _____ License plate _____

Odometer in _____ Odometer out _____

CONCERN AND WORK PERFORMED

Customer concern _____

Cause found _____

Work performed _____

Replaced parts returned to customer (yes / no) _____

Replaced parts not returned (reason) _____

PARTS

Description	Part type	Qty	Unit price	Amount

Parts subtotal _____

LABOR

Description	Technician	Hours	Rate per hour	Amount

Labor subtotal _____

HOW TO PAY

Accepted methods _____

Account name _____

Bank details _____

Payment reference _____

ABOUT THIS REPAIR

_____

_____

Thank you. Please keep this invoice with your vehicle's service records.

Subtotal	
Hazardous waste disposal fee	
Sales tax, if applicable (_____%)	
Amount due	