REPAIR RECEIPT

PAID

REPAIR SHOP

Business name _____

Address _____

Phone / email _____

Shop registration no. _____

RECEIPT DETAILS

Receipt no. _____

Receipt date _____

Repair order no. _____

CUSTOMER

Customer name _____

Phone / email _____

VEHICLE

Year / make / model _____

VIN _____

License plate _____

Odometer _____

WORK PERFORMED

Customer concern _____

Work performed _____

Description	Part type / labor	Qty	Unit price	Amount

PAYMENT

Payment method _____

Payment reference _____

Date paid _____

Subtotal	
Disposal fee, if any	
Sales tax on parts and labor, if applicable	
Total	
Amount paid	
Balance after this payment	

_____

Received by (shop)

Paid in full. Please keep this receipt with your vehicle's service records.