

REPAIR INVOICE

Company Name

Street

City, State Zip

Tel: 123-456-7890

01000

SERVICED AT		BILL TO	
ADDRESS		ADDRESS	
CITY, STATE, ZIP		CITY, STATE, ZIP	
CUSTOMER ORDER NO.	TECH	TERMS	DATE

PARTS	QTY	MATERIAL DESCRIPTION				PRICE	AMOUNT
Signature _____ I hereby acknowledge the satisfactory completion of the above described work.		LABOR	HOURS	RATE	AMOUNT	MATERIAL	
						LABOR	
						OTHER	
						TAX	
						TOTAL	

Thank You