

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

PART NO.	QTY	MATERIAL DESCRIPTION	PRICE	AMOUNT
				</

Thank You

Form CTR-1008-1 must accompany form 1040 or 1041