

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		
<p>Signature _____</p> <p>I hereby acknowledge the satisfactory completion of the above described work.</p>		LABOR	HOURS	RATE	AMOUNT	MATERIAL
						LABOR
						OTHER
						TAX
						TOTAL

Thank You