

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

Thank You