

**Dads Truck Repair**

3352 NW Blitchton Rd

Ocala, FL, 34475

Phone: 3526221338

Email:

dadstruckrepair@gmail.com



Invoice #	1204
Date	Feb 26, 2019
Time	08:22 am

**I N V O I C E**

Page 1 of 2

**JIM ROESKI  
PATHOS**

5159 SE 39TH LOOP

Ocala, FL 34480

Main: 352-322-1109

Year	2016	Mileage	486,442	Labor	\$257.40
Make	MACK	Tag	144240	Parts	\$339.49
Model	PINNACLE	Vehicle #	144240	Misc	\$59.69
Engine	MACK 6 CYLINDER MP8 TURBO DIESEL			Subtotal	\$656.58
VIN	1M1AW07Y7GM046510			Tax	\$45.96
				<b>Total</b>	<b>\$702.54</b>

**Labor**

Description	Price
GREASE CHASSIS	\$19.80
R&R FUEL/WATER SEPARATOR	\$19.80
AFTER TREATMENT PREVENTATIVE MAINTENANCE SERVICE	\$217.80

**Parts**

Part No	Description	Quantity	Unit Cost	Price
21516231	UREA FILTER	1.00	\$100.572	\$100.57
L9765FXL	FUEL/WATER SEPARATOR	1.00	\$21.18	\$21.18
21407621	7TH INJECTOR	1.00	\$155.484	\$155.48
BA5379	AIR DRIER CARTRIDGE	1.00	\$62.26	\$62.26

**Misc.**

Description	Quantity	Unit Cost	Price
Shop Supplies	1.00	\$59.69	\$59.69

**Notes:** AFTER TREATMENT PREVENTATIVE MAINTENANCE PROGRAM INCLUDES, CHANGING DEF TANK FILTER,CLEANING DEF TANK NECK SCREEN,AIR DRYER CARTRIDGE REPLACEMENT,PRESSURE TEST AND

FL. STATUTE S.403.718 MANDATES A \$1.00 FEE TO BE COLLECTED FOR EACH NEW TIRE SOLD IN THE STATE OF FLORIDA, & FL. STATUTE S.403.7185 MANDATES A \$1.50 FEE TO BE COLLECTED FOR EACH BATTERY SOLD IN THE STATE OF FLORIDA. SHOP SUPPLIES OR WASTE DISPOSAL FEES MAY BE CHARGED. THIS CHARGE REPRESENTS COSTS AND PROFITS TO THE MOTOR VEHICLE REPAIR FACILITY FOR MISCELLANEOUS SHOP SUPPLIES OR WASTE DISPOSAL. NO STORAGE CHARGE WILL BE APPLIED FOR A PERIOD OF \_\_\_\_\_ WORKING DAYS FROM DATE OF NOTIFICATION OF COMPLETION. STORAGE FEES ARE \_\_\_\_\_ PER DAY. ALL PARTS ARE NEW UNLESS OTHERWISE STATED. PARTS AND LABOR HAVE A MINIMUM LIMITED GUARANTEE FOR 3 MONTH OR 3,000 MILES WHICHEVER COMES FIRST.

With my signature below, an express mechanics lien is acknowledged on the above vehicle to secure the amount of repairs thereto, until such time as payment has been received by the repair facility in full. I affirm that the facility is not responsible and shall be held harmless for any and all loss or damage to my vehicle caused by fire, theft, or acts of nature. I accept this invoice as a complete and comprehensive description of the repair work done on this vehicle.

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

Payment	\$0.00
Amount Due	\$702.54

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CLEAN DOSING MODULE, CLEAN OR REPLACE 7TH INJECTOR AS NEEDED AND ZONE 2 REGEN. THIS TO BE PERFORMED EVERY 150,000 MILES AS RECOMMENDED BY MANUFACTURE

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