

Dads Truck Repair

3352 NW Blitchton Rd

Ocala, FL, 34475

Phone: 3526221338

Email:

dadstruckrepair@gmail.com



| | |
|-----------|-------------|
| Invoice # | 1159 |
| Date | Feb 4, 2019 |
| Time | 12:55 pm |

I N V O I C E

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**JIM ROESKI
PATHOS**

5159 SE 39TH LOOP

Ocala, FL 34480

Main: 352-322-1109

| | | | | | |
|--------|----------------------------------|-----------|---------|--------------|-----------------|
| Year | 2016 | Mileage | 477,328 | Labor | \$306.90 |
| Make | MACK | Tag | | Parts | \$21.51 |
| Model | PINNACLE | Vehicle # | 144240 | Misc | \$32.84 |
| Engine | MACK 6 CYLINDER MP8 TURBO DIESEL | | | Subtotal | \$361.25 |
| VIN | 1M1AW07Y7GM046510 | | | Tax | \$25.29 |
| | | | | Total | \$386.54 |

Labor

| Description | Price |
|----------------------------|----------|
| R&R CRANK CASE VENT GASKET | \$306.90 |

Parts

| Part No | Description | Quantity | Unit Cost | Price |
|--------------|-----------------------|----------|-----------|---------|
| DTR-20532891 | CRANK CASE OIL GASKET | 1.00 | \$21.51 | \$21.51 |

Misc.

| Description | Quantity | Unit Cost | Price |
|---------------|----------|-----------|---------|
| Shop Supplies | 1.00 | \$32.84 | \$32.84 |

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 | \$386.54 |