|  |  |
| --- | --- |
| Phone Number | Street Address |
| Fax Number | City, State, ZIP |
| Email | Website |



Repair Shop Name Here

**INVOICE**

|  |  |  |
| --- | --- | --- |
| BILL TO |  | Name: |
| Invoice Number: |  | Street: |
| Date Issued: |  | City, State, ZIP: |
| Due Date: |  | Phone: |

INVOICE TOTAL

$0.00

|  |
| --- |
| PARTS |
| Quantity | Part Description | Unit Price | Amount |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  | Total Products |  |
| LABOR |
| Hour | Description | $ / Hour | Amount |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  | Total Labor |  |
|  |  | Subtotal |  |
|  |  | Sales Tax |  |
| Payment is due within # \_\_\_ of days. | **TOTAL** |  |
| Comments or Special Instructions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |