**Company Name:**

Address:

City and State:

Zip Code:

**BODY SHOP INVOICE**

**DATE IN:**  **TIME IN:**  **INVOICE #:**

**Name:**

**INSURANCE INFORMATION:**

**Company:**

**Address: Claim #:**

**City, ST ZIP:**  **Cell Phone:**  **Phone:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **PLATE** | **YEAR** | **MAKE** | **MODEL** | **COLOR** |
|  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **SERVICE DESCRIPTION** | **HOURS** | **RATE ($/HR)** | **TOTAL** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  | | **TOTAL LABOR** |  |
| **MATERIALS / PARTS DESCRIPTION** | **QUANTITY** | **COST** | **TOTAL** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  | | **TOTAL PARTS** |  |
|  |  | SUBTOTAL |  |
| **NOTES / CUSTOMER REQUESTS:** |  | DISCOUNT | - |
|  |  | TAX |  |
|  |  | **TOTAL** |  |
|  |  |  |  |
|  |  |  |  |

*THANK YOU FOR YOUR BUSINESS*