

**Company Name:** \_\_\_\_\_

Address: \_\_\_\_\_

City and State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

## BODY SHOP INVOICE

DATE IN: \_\_\_\_\_

TIME IN: \_\_\_\_\_

INVOICE #: \_\_\_\_\_

### INSURANCE INFORMATION:

**Name:** \_\_\_\_\_

**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	
NOTES / CUSTOMER REQUESTS:		SUBTOTAL	
		DISCOUNT	
		TAX	
		TOTAL	

THANK YOU FOR YOUR BUSINESS

