

BODY SHOP INVOICE

Company Name: _____

Address: _____

City and State: _____

Zip Code: _____

DATE IN: _____

TIME IN: _____

INVOICE #: _____

INSURANCE INFORMATION:

Name: _____

Address: _____

City, ST ZIP: _____

Cell Phone: _____

Phone: _____

Company: _____

Claim #: _____

PLATE	YEAR	MAKE	MODEL	COLOR

SERVICE DESCRIPTION	HOURS	RATE (\$/HR)	TOTAL

			TOTAL LABOR	
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MATERIALS / PARTS DESCRIPTION	QUANTITY	COST	TOTAL

			TOTAL PARTS	
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NOTES / CUSTOMER REQUESTS:

SUBTOTAL	
DISCOUNT	
TAX	
TOTAL	

THANK YOU FOR YOUR BUSINESS

