

# Vehicle Repair Invoice

Date: \_\_\_\_\_

Invoice #: \_\_\_\_\_

**Company Name**

Address Line 1

Address Line 2

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Customer Details**

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

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

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Vehicle Details**

Make/Model: \_\_\_\_\_

Year: \_\_\_\_\_

VIN: \_\_\_\_\_

License Plate: \_\_\_\_\_

Mileage: \_\_\_\_\_

**Repair Details**

#	Description of Work	Parts	Qty	Unit Cost	Total
1					
2					
3					

Subtotal	_____
Tax	_____
<b>Total</b>	_____

**Remarks / Recommendations**

Customer Signature: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_