

Automotive Repair Invoice

Auto Shop Name

123 Main Street
City, State ZIP
Phone: (555) 123-4567

Invoice #:

Date:

Billed To:

Name:
Address:
Phone:

Vehicle Information

Make/Model:
Year: Plate #:

Repair Details

Description of Services	Qty	Unit Price	Total
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Subtotal: <input type="text"/>			
Tax: <input type="text"/>			
Total: <input type="text"/>			

Notes / Recommendations:**Customer Signature:** **Date:**