

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