

Car Repair Service Itemized Bill

Customer Name:

Car Model:

License Plate:

Date of Service:

| Item Description | Quantity | 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 Rate (%):

Tax Amount (\$):

Grand Total (\$):