

Invoice

Invoice # _____
Date _____

SHOP INFO

Shop name

Phone

CUSTOMER

Name

Charge account #

EQUIPMENT

Make / model

Serial number

PARTS AND LABOR

PART #	DESCRIPTION	QTY	PRICE	LABOR	HRS	TOTAL

Customer copy: no cost column.

TOTALS

Shop supplies	
Disposal fee	
Tax	
Total due	

PAYMENT

☐ Cash

☐ Check

☐ Card

☐ On account

SIGNATURE

Customer signature

Date