

Repair Invoice

Invoice #: _____

Date: _____

Customer Information

Name	_____	Phone	_____
Address	_____		
Email	_____		

Repair Details

Description of Work	Parts	Labor Hours	Cost
<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 Due			_____

Authorized By

Signature: _____ Date: _____

Notes/Comments

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Thank you for your business! For questions about this invoice, please contact us at (____) ____-____ or email:
info@yourcompany.com