AUTO REPAIR INVOICE

[Your Auto Repair Shop Name]

Address: [Your Address] Phone: [Your Phone Number] Email: [Your Email Address] Website: [Your Website]

Customer Information

Name: [Customer Name] Address: [Customer Address] Phone: [Customer Phone Number] Email: [Customer Email Address] Invoice Number: [Invoice #] Date: [Date]

Vehicle Information

Make: [Vehicle Make] Model: [Vehicle Model] Year: [Vehicle Year] VIN: [Vehicle VIN] License Plate: [License Plate Number]

Description of Services Provided

Description of Service	Price
[Service 1]	20.00
[Service 2]	50.00
[Service 3]	30.25
Subtotal	100.25
Tax (14%)	14.04
Total	114.29

Parts Provided

	Part Description	Quantity	Unit Price	Total
[Part 1]		1	50	50
[Part 2]		2	18.5	37
Subtotal				87
Tax (14%)				12.18
Total				99.18

Grand Total:	213.47

Payment Information

Payment Method: [Payment Method] Payment Due: [Due Date]

Notes:

[Additional notes or warranty information]

Thank You for Your Business!

[Your Auto Repair Shop Name]