

AUTO REPAIR INVOICE

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From (Your Business)

Name: _____
Address: _____
Phone: _____
Email: _____

Bill To (Client)

Name: _____
Address: _____
Phone: _____
Email: _____

Invoice #:

Invoice Date:

Due Date:

Payment Terms:

Net 30

Description	Qty	Rate	Amount
<i>e.g. Diagnostic inspection</i>	1	\$89.00	
<i>e.g. Brake pads & rotors — front axle (parts)</i>	1	\$240.00	
<i>e.g. Labor — brake replacement (2.0 hrs @ \$110/hr)</i>	1	\$220.00	
<i>e.g. Shop supplies & disposal</i>	1	\$18.00	

Subtotal

Tax (%)

TOTAL

Notes / Payment Instructions

Tip: Include the vehicle year/make/model, VIN, and mileage — most states require them on repair invoices.
