TRUCK REPAIR INVOICE

TRUCK INFORMATION

MAKE: _____
MODEL: _____
YEAR: _____
AXLES: _____

DETAILS

DATE: _____
INVOICE NO. _____
TERMS: _____
MECHANIC(S): _____

FROM

COMPANY: _____
ATTN: _____
ADDRESS: _____
CITY, STATE: _____
ZIP: _____
PHONE: _____
E-MAIL: _____

BILL TO

COMPANY: _____
ATTN: _____
ADDRESS: _____
CITY, STATE: _____
ZIP: _____
PHONE: _____
E-MAIL: _____

LABOR	HOURS	RATE ($/HR)	AMOUNT ($)
		TOTAL	

PARTS / MATERIALS	QUANTITY	UNIT PRICE	AMOUNT ($)
		TOTAL	

NOTES: _____

_____

_____

SUBTOTAL	
DISCOUNT	
TAX / VAT	
TOTAL	