CELL PHONE REPAIR INVOICE

FROM	DETAILS		
COMPANY:	DATE:		
ATTN:	INVOICE NO		
ADDRESS:):	
CITY, STATE:	MODEL:		_
ZIP:	REQUEST:		
PHONE:			
E-MAIL:			
BILL TO	SHIPPING		
COMPANY:	COMPANY:		
ATTN:	ATTN:		
ADDRESS:			
CITY, STATE:			
ZIP:	ZIP:		
PHONE:			
E-MAIL:	E-MAIL:		
LABOR	HOURS	RATE (\$/HR)	AMOUNT (\$)
		SUBTOTAL	
		SUBTOTAL	
PARTS	QUANTITY	SUBTOTAL UNIT PRICE	AMOUNT (\$)
PARTS	QUANTITY		AMOUNT (\$)
PARTS	QUANTITY		AMOUNT (\$)
PARTS	QUANTITY		AMOUNT (\$)
PARTS	QUANTITY	UNIT PRICE	AMOUNT (\$)
PARTS	QUANTITY		AMOUNT (\$)
PARTS	QUANTITY	UNIT PRICE SUBTOTAL	AMOUNT (\$)
	QUANTITY	UNIT PRICE	AMOUNT (\$)
	QUANTITY	UNIT PRICE SUBTOTAL	AMOUNT (\$)
	QUANTITY	UNIT PRICE SUBTOTAL SUBTOTAL	AMOUNT (\$)

THANK YOU FOR YOUR BUSINESS

