

CELL PHONE REPAIR INVOICE

FROM

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

DETAILS

DATE: _____
 INVOICE NO. _____
 PHONE BRAND: _____
 MODEL: _____
 REQUEST: _____

BILL TO

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

SHIPPING

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

LABOR	HOURS	RATE (\$/HR)	AMOUNT (\$)
SUBTOTAL			

PARTS	QUANTITY	UNIT PRICE	AMOUNT (\$)
SUBTOTAL			

NOTES

SUBTOTAL	
SHIPPING	
TAX / VAT	
TOTAL	

THANK YOU FOR YOUR BUSINESS

