INVOICE

Mechanic services

Your name or business, phone, email

Business license # (if required)

Invoice # _____
Date _____
Due date _____

BILL TO

Customer name	Phone	Email
Service address (mobile jobs)		

VEHICLE

Year	Make	Model	VIN / plate	Mileage

LABOR

Job description	Hours	Rate	Amount

PARTS

Part	Part # / where bought	Qty	Price	Amount

NOTES

What you found, what you did, what to watch for

PAYMENT

☐ Cash ☐ Card ☐ Zelle ☐ Venmo / Cash App ☐ Check #____

Customer-supplied parts: labor only, no warranty on the part.

Labor	
Parts	
Service call / trip fee	
Supplies & disposal	
Subtotal	
Sales tax	
Total	
Paid	
Balance due	

Customer signature

Date