DATE IN:

TIME IN:

INVOICE #:

SAMPLE AUTO BODY WORKSHOP

ADDRESS

CITY, STATE ZIP

PHONE

|  |  |
| --- | --- |
| NAME | INSURANCE INFORMATION |
| ADDRESS |  |
| CITY, ST ZIP | COMPANY |
| CELL PHONE |  |
| PHONE | CLAIM |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| R.O.# | YEAR | MAKE | MODEL | COLOR |
|  |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| # | DESCRIPTION | QUANTITY | UNIT PRICE | LINE TOTAL |
|  |  |  |  |  |
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|  |  |  |  |  |
|  |  |  |  |  |
| CUSTOMER OWES: | | | SUBTOTAL |  |
| 5.00% |  |
| SUBLET |  |
| TOTAL |  |
| PAID |  |
| **TOTAL DUE** |  |

**THANK YOU FOR YOUR BUSINESS !**