

RECEIPT

FROM

Your business name _____

Address _____

Phone · email _____

RECEIVED FROM

Client name _____

Client address _____

Phone · email _____

RECEIPT #

DATE PAID

FOR INVOICE #

VEHICLE (YEAR MAKE MODEL, VIN)

MILEAGE IN / OUT

PAYMENT METHOD

SHOP REG. #

DESCRIPTION	QTY × RATE	AMOUNT
Part (part #), new / used / reman		
Part (part #)		
Labor: operation, hours × rate		
Diagnostic		
Shop supplies / environmental fee		
Sales tax (rate %)		

NOTES

Paid in full. Warranty: 12 months or 12,000 miles on parts and labor listed above, whichever comes first. Keep this receipt for warranty claims and vehicle history.

Amount received _____

Balance remaining _____

TOTAL PAID _____