Auto Repair Receipt

Shop Name & Logo | Address | Phone | Email | Website · paid in full

RECEIPT

Receipt No. | Date | Invoice / RO No. | Received by

CUSTOMER

Customer Name | Phone | Email

VEHICLE

Year / Make / Model | VIN | License Plate / State | Mileage

WORK PERFORMED (SUMMARY)

Description	Amount

Subtotal

Sales tax

Total

Amount paid

Balance Due ($0.00)

PAYMENT

Method: cash / card / check / other | Reference / last 4 | Date paid

WARRANTY

Parts: ____ months / ____ miles | Labor: ____ months / ____ miles | Keep this receipt for warranty claims

Payment received in full for the work described above. Thank you for your business.

Shop Signature | Date