

Mechanic Receipt

_____ Company Name	_____ City, State, ZIP Code
_____ _____ Address	_____ Phone
_____ Date	_____ Receipt Number

Customer Information

_____ Customer Name	_____ Phone
_____ _____ Address	_____ License
_____ City, State, ZIP Code	_____ Year, Make, Model

Insurance Information

_____ Company	_____ Claim Number
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Services Rendered	Price	Parts	Quantity/Price	Total
	\$ _____			\$ _____
	\$ _____			\$ _____
	\$ _____			\$ _____
	\$ _____			\$ _____
	\$ _____			\$ _____
	\$ _____			\$ _____

	\$ _____			\$ _____
	\$ _____			\$ _____
	\$ _____			\$ _____
Payment made by: <input type="checkbox"/> Cash. <input type="checkbox"/> Check. <input type="checkbox"/> Credit card. <input type="checkbox"/> Other: _____ _____			Subtotal:	\$ _____
			Tax rate:	% _____
			Total tax:	\$ _____
			Total:	\$ _____

Check/Credit card number: _____.

Amount paid: \$ _____. Amount due: \$ _____.

Name of service person(s): _____

Printed Name

Authorized Signature