

Mechanic Receipt

Company Name

City, State, ZIP Code

Address

Phone

_____ Date	_____ Receipt Number
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Customer Information

Customer Name

Phone

Address

License

City, State, ZIP Code

Year, Make, Model

Insurance Information

Company

Claim Number

Services Rendered	Price	Parts	Quantity/Price	Total
	\$ _____			\$ _____
	\$ _____			\$ _____
	\$ _____			\$ _____
	\$ _____			\$ _____
	\$ _____			\$ _____
	\$ _____			\$ _____

