

# CAR REPAIR RECEIPT

Company Name: abc repair

Date: 01/08/2024

Street Address: washington

Receipt #: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: 11221122

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Website: \_\_\_\_\_

## Customer Information

Name: \_\_\_\_\_

City : \_\_\_\_\_

Phone: \_\_\_\_\_ Year, Make, Model: \_\_\_\_\_

Services Rendered	Price	Parts	Qty./Price	Total
tire change	2000		4	
Amount Paid: _____			Subtotal	
			Total	8000

Name(s) of Service Person(s): \_\_\_\_\_

Printed Name: \_\_\_\_\_



