Automotive Repair Work Order

tekmetric

Work Order # _____ Date _____

SHOP

Shop Name _____

Address _____

Phone _____

Email _____

Technician _____

CUSTOMER

Customer Name _____

Address _____

City / State / ZIP _____

Phone _____

Email _____

VEHICLE

Year / Make / Model _____

VIN _____

License Plate _____

Odometer (In) _____

Odometer (Out) _____

PARTS & SERVICES

QTY	DESCRIPTION OF REPAIR / PART	LABOR COST	PARTS COST	TOTAL COST
		$	$	$
		$	$	$
		$	$	$
		$	$	$
		$	$	$
		$	$	$
		$	$	$
		$	$	$
		$	$	$
		$	$	$
		$	$	$
		$	$	$
		$	$	$
		$	$	$

PAYMENT

PAYMENT METHOD

☐ Cash ☐ Credit Card ☐ Debit ☐ Check ☐ Other

CUSTOMER NOTES / INSPECTION FINDINGS

Parts Subtotal	$
Labor Subtotal	$
Shop Supplies / Fees	$
Discount	$
Subtotal	$
Sales Tax	$
TOTAL DUE	$

CUSTOMER AUTHORIZATION

Customer Signature _____ Date _____

Print Name _____ Est. Completion Date _____

THANK YOU FOR YOUR BUSINESS