INVOICE

[Your Business Name]
[Street address]
[City, State ZIP]
[email@yourbusiness.com]
[(555) 555-0123]

BILL TO

[Client Name]
[Street address]
[City, State ZIP]
[client@email.com]
Claim no.: [Insurer, claim number]

Invoice number:	RO-2001
Invoice date:	10/27/2026
Due date:	10/27/2026
Terms:	Due on receipt
Vehicle:	[2020 RAV4, white]
VIN:	[17-character VIN]

ITEM	UNIT PRICE	QUANTITY	TAX RATE	AMOUNT
Body labor: repair left front fender Hours	$68.00	3.5	—	**$238.00**
Refinish labor: fender, blend door Hours	$68.00	4.2	—	**$285.60**
Paint and materials Per refinish hour	$42.00	4.2	7.25%	**$176.40**
Front bumper cover (aftermarket, new) Part no. [TO1000447]	$238.00	1	7.25%	**$238.00**

NOTES/MEMO

Deductible of $500.00 paid by the customer. Balance billed to the insurer. Lifetime warranty on workmanship and paint.

Subtotal:	$938.00
Tax:	$30.04
Invoice total:	$968.04
Amount paid:	-$500.00
Balance due:	**$468.04**