



Maguire Motors, LLC  
DBA Maguire Chevrolet of Ithaca

35 Cinema Drive  
Ithaca, NY 14850  
PH: (607) 272-9292 FAX: (607) 277-1875  
www.maguirecars.com

CUSTOMER #: [REDACTED]

\*INVOICE\*

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REGISTRATION NUMBER: 7105109

FACILITY NUMBER:

SERVICE ADVISOR: 1130 ROBERT SULLIVAN

ROME, NY [REDACTED] CONT [REDACTED]  
HOME [REDACTED] CELL: [REDACTED]  
BUS: [REDACTED]

COLOR	YEAR	MAKE/MODEL	VIN	LICENSE	MILEAGE IN / OUT	TAG
	17	CHEVROLET VOLT	[REDACTED]		77729/77729	T562
DEL. DATE	PROD. DATE	WARR. EXP.	PROMISED	RATE	PAYMENT	INV. DATE
23MAY17 DD			17:00 13JAN23	169.00	CASH	03FEB23
R.O. OPENED	READY	OPTIONS: SOLD-STK:17M96				
07:48 13JAN23	08:11 03FEB23					

LINE	OPCODE	TECH	TYPE	HOURS	LIST	NET	TOTAL
A							
A LOW PROPULSION BATTERY NOT WORKING GAS ENGINE ONLY PLEASE CHECK AND ADVISE							

CAUSE: 5031010 BATTERY ENERGY CONTROL MODULE REPLACEMENT  
911 BELL, EDSON C LIC#: 050849903

- 1 24296900 (S)MODULE
- 1 12378390 COOLANT

(N/C)  
(N/C)  
(N/C)  
0.00

PARTS: 0.00 LABOR: 0.00 OTHER: 0.00 TOTAL LINE A: 0.00

77729 TECH CHECKED CODES FOUND 42603-42606 FOR BATTERY ENERGY CONTROL MODULE LOSS COM WITH INTERFACE MODULE DIAG SYSTEM. DIAG SYSTEM FOUND BAT ENER CONT MODULE WAS OPEN INTERNALLY. TECH REPLACED MODULE PERFORMED SMOKE TEST REFILLED COOLANT AND REPROGRAMMED MODULE CODE #CDYN14412534. TECH TEST DROVE ALL OK NOW.

B CLIENT STATES CHECK ENGINE LAMP CAME ON - PLEASE CHECK AND ADVISE  
CAUSE: TECH VERIFIED CONCERN AND INSTALLED SPS TO FIND DIAGNOSTIC TROUBLE CODE

CEL SEE LINE A  
911 BELL, EDSON C LIC#: 050849903

*Signature*

0.00 0.00  
0.00 0.00

PARTS: 0.00 LABOR: 0.00 OTHER: 0.00 TOTAL LINE B: 0.00

VEHICLE IS HERE, CHIP PERFORMING DIAGNOSTICS

DID YOU KNOW YOUR NEXT APPOINTMENT CAN BE SCHEDULED ONLINE? USING THE myChevrolet APP OR www.maguirechevroletcadillac.com, YOU CAN SEE THE AVAILABLE APPOINTMENT TIMES AND DATES FROM THE LUXURY OF YOUR SMARTPHONE OR TABLET! Don't forget to check us out on facebook!

Original Estimate (Parts & Labor)	Total Additional Cost Authorized	Approved By	Date & Time	Manner of Authorization
\$	\$			<input type="checkbox"/> In Person <input type="checkbox"/> Via Fax <input type="checkbox"/> Via Telephone <input type="checkbox"/> Via E-Mail
Revised Estimate	\$			<input type="checkbox"/> In Person <input type="checkbox"/> Via Fax <input type="checkbox"/> Via Telephone <input type="checkbox"/> Via E-Mail

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ALL PARTS INSTALLED ARE NEW AND ALL BODY SHOP PARTS ARE NEW OEM UNLESS OTHERWISE INDICATED.	DESCRIPTION	TOTALS
	LABOR AMOUNT	0.00
	PARTS AMOUNT	0.00
	GAS, OIL, LUBE	0.00
	SUBLET AMOUNT	0.00
	MISC. CHARGES	0.00
	TOTAL CHARGES	0.00
	LESS INSURANCE	0.00
	SALES TAX	0.00
	PLEASE PAY THIS AMOUNT	0.00

PARTS RETURN WAIVER:  
I hereby waive the return of any replaced parts.  
INITIALS

DATE CUSTOMER SIGNATURE AUTHORIZED DEALERSHIP REPRESENTATIVE SIGNATURE