

DGDG **CAPITOL CHEVROLET**

905 Capitol Expressway Auto Mall
 San Jose, CA 95136
 Main (408) 266-4000
 Service Direct (408) 445-7250
 www.dgdg.com

CUSTOMER #: [REDACTED]

INVOICE

PAGE 2

EPA # CAL 000428500 BAR # ARD00286852

SAN JOSE, CA

SERVICE ADVISOR: 1013477 LORI LANDRUM

HOME [REDACTED] CONT [REDACTED]
 BUS: [REDACTED] CELL [REDACTED]

COLOR	YEAR	MAKE/MODEL	VIN	LICENSE	MILEAGE IN / OUT	TAG	
Other	18	CHEVROLET VOLT	[REDACTED]		37696/37706	T4804A	
DEL. DATE	PROD. DATE	WARR. EXP.	PROMISED	PO NO.	RATE	PAYMENT	INV. DATE
06NOV19 DD			17:00 21DEC22		249.88	CASH	25JAN23

R.O. OPENED	READY	OPTIONS:
09:27 21DEC22	10:52 25JAN23	

LINE	OPCODE	TECH	TYPE	HOURS	LIST	NET	TOTAL			
PARTS:				0.00	LABOR:	0.00	OTHER:	0.00	TOTAL LINE C:	0.00

 ESTIMATE: 269.00 21DEC22 09:27 SA: 1013477
 CONTACT:

INTERNET APPOINTMENT CREATED
 2022-12-19 02:26:4 7PM TAKEN
 BY CUSTOMER STATES: CHECK
 ENGINE LIGHT WAS ON SO WENT
 TO AUTOZONE AND THEY SAID IT
 WAS CODE U2623.



Original Estimate (Parts & Labor)	Total Additional Cost Authorized	Approved By:	Date & Time	Authorization Obtained By:	*HAZARDOUS WASTE DISPOSAL COSTS:	DESCRIPTION	TOTALS
\$	\$			<input type="checkbox"/> Telephone <input type="checkbox"/> Fax (See Attached) <input type="checkbox"/> E-mail (See Attached)	We have added this charge to cover costs associated with the handling, management and disposal of toxic wastes or hazardous substances under California and Federal Law.	LABOR AMOUNT	0.00
Revised Estimate	\$			<input type="checkbox"/> Telephone <input type="checkbox"/> Fax (See Attached) <input type="checkbox"/> E-mail (See Attached)		PARTS AMOUNT	0.00
<input type="checkbox"/> Tire pressure check/inflation service was performed. RF _____ psi LF _____ psi RR _____ psi LR _____ psi <input type="checkbox"/> Customer declined tire pressure check/inflation service. Initials _____						GAS, OIL, LUBE	0.00
By signing below, you acknowledge that you were notified of and authorized the Dealership to perform the services/repairs itemized in this invoice and that you received (or had the opportunity to inspect) any replaced parts as requested by you.						SUBLET AMOUNT	0.00
DATE	CUSTOMER SIGNATURE	AUTHORIZED DEALERSHIP REPRESENTATIVE SIGNATURE				WASTE DISPOSAL COSTS *	0.00
				ALL PARTS ARE NEW UNLESS OTHERWISE INDICATED. <input type="checkbox"/> Some Parts Not Returnable		TOTAL CHARGES	0.00
						LESS INSURANCE	0.00
						SALES TAX	0.00
						PLEASE PAY THIS AMOUNT	0.00

NOTICE TO CONSUMER: PLEASE READ IMPORTANT INFORMATION ON BACK.