

CUSTOMER #: [REDACTED]



CHEVROLET of HIGHLAND

3372 W. Highland Rd.

Highland, MI. 48357

Phone: (248) 889-3232

www.feldmanautomotive.com

INVOICE

DUPLICATE 1
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MICHIGAN REPAIR FACILITY
REGISTRATION NUMBER: F132676

SERVICE ADVISOR: 5849 KEITH CUNNINGHAM

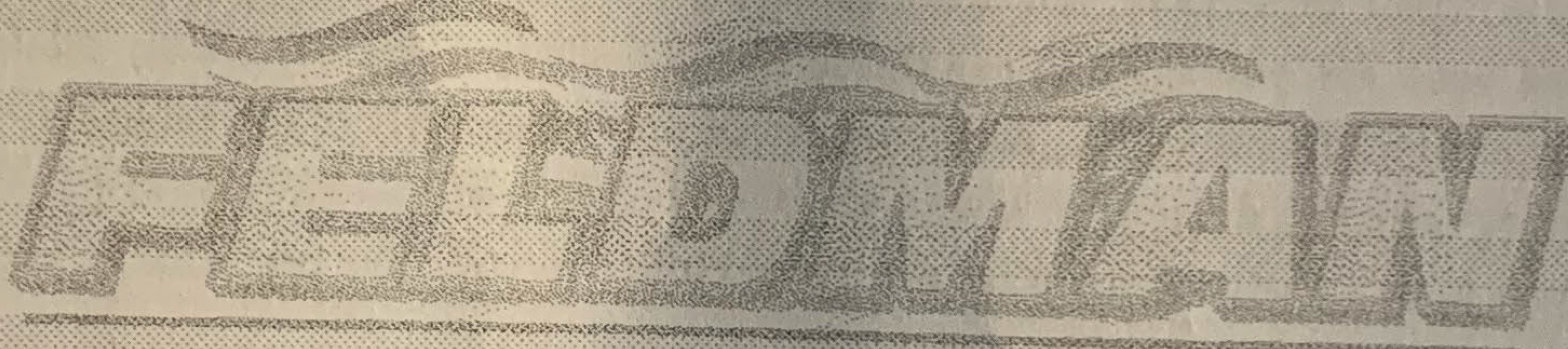
WATERFORD MI	HOME	CONT	CELL	YEAR	MAKE/MODEL	VIN	LICENSE	MILEAGE IN / OUT	TAG
	BUS:			17	CHEVROLET VOLT	[REDACTED]		59827/59835	T580
DEL. DATE	PROD. DATE	WARR. EXP.	PROMISE				RATE	PAYMENT	INV. DATE
17OCT19 DD			16:00 09JAN23				160.00	CASH	14FEB23
R.O. OPENED	READY	OPTIONS:	SOLD-STK:PMT111829 ENG:1.5_Liter_DOHC_Hybrid						
15:06 09JAN23	11:44 14FEB23								

LINE	OPCODE	TECH	TYPE	HOURS	LIST	NET	TOTAL

WAITING ON BACKORED PART

THANK YOU FOR YOUR BUSINESS !!!!
FACILITY REGISTRATION # F132676
ALL REPAIRS AND PARTS LISTED WERE FURNISHED
IN COMPLIANCE WITH MICHIGAN AUTO REPAIR ACT
(P.A. 300) - COMPANY AUTHORIZED SIGNATURE

CUSTOMER HAS NO OTHER CONCERNS AT THIS TIME



CHEVROLET of HIGHLAND

PLEASE SEE THE REVERSE SIDE OF THIS REPAIR INVOICE FOR THE WARRANTY STATEMENT AND DISCLAIMER AND OTHER IMPORTANT INFORMATION.

Original Estimate (Parts & Labor)	Authorized Additional Costs	Authorized By:	New Total Amount Agreed Upon	Date & Time
\$	\$		\$	
Revised Estimate	\$		\$	

ALL PARTS ARE NEW ORIGINAL EQUIPMENT MANUFACTURER UNLESS OTHERWISE INDICATED.

By signing below, you acknowledge that you were notified of and authorized the Dealership to perform the services/repairs itemized in this Invoice and requested by you. The vehicle is being returned to you in exchange for your payment of the Amount Due.

DATE _____ CUSTOMER SIGNATURE _____

*SHOP SUPPLY COST: We have added a charge not to exceed \$40.00 to the Repair Order for shop supplies used in connection with this repair.

*HAZARDOUS WASTE DISPOSAL COST: We have added a charge equal to \$_____ to the Repair Order for the disposal of hazardous waste materials.

- CERTIFICATION -

ALL REPAIRS AND PARTS LISTED WERE FURNISHED IN COMPLIANCE WITH MICHIGAN AUTO REPAIR ACT (P.A. 300)

Company Authorized Representative (Full Signature Required)

DESCRIPTION	TOTALS
LABOR AMOUNT	400.00
PARTS AMOUNT	115.54
GAS, OIL, LUBE	0.00
SUBLET AMOUNT	0.00
MISC. CHARGES *	0.00
TOTAL CHARGES	515.54
LESS INSURANCE	0.00
SALES TAX	6.93
PLEASE PAY THIS AMOUNT	522.47

Repairs Performed By (List mechanic's/trainee's name and MI Certification #): _____

CUSTOMER COPY