

Pellegrino

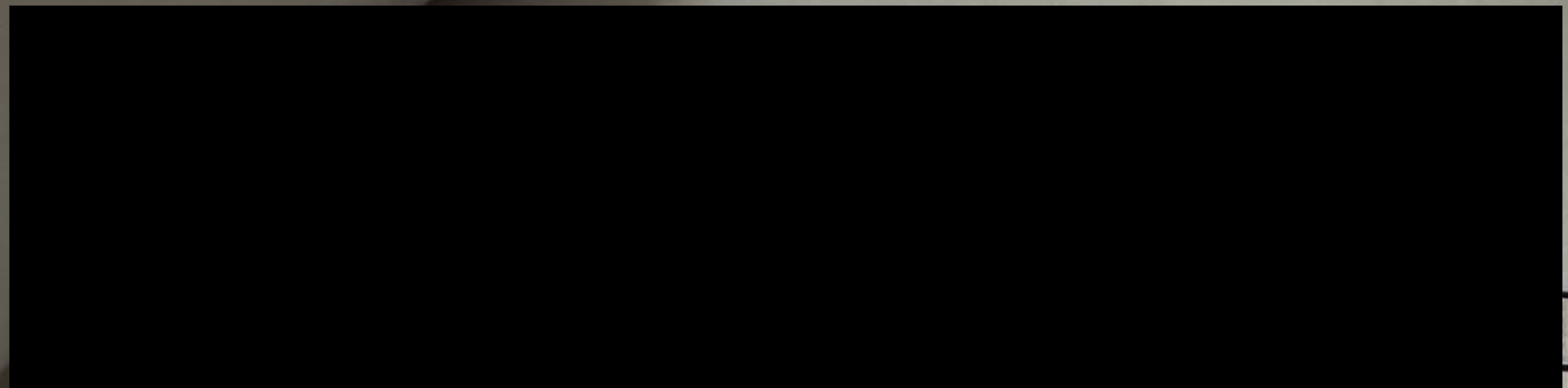
INVOICE



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SERVICE ADVISOR: 20 BETSY BANCROFT

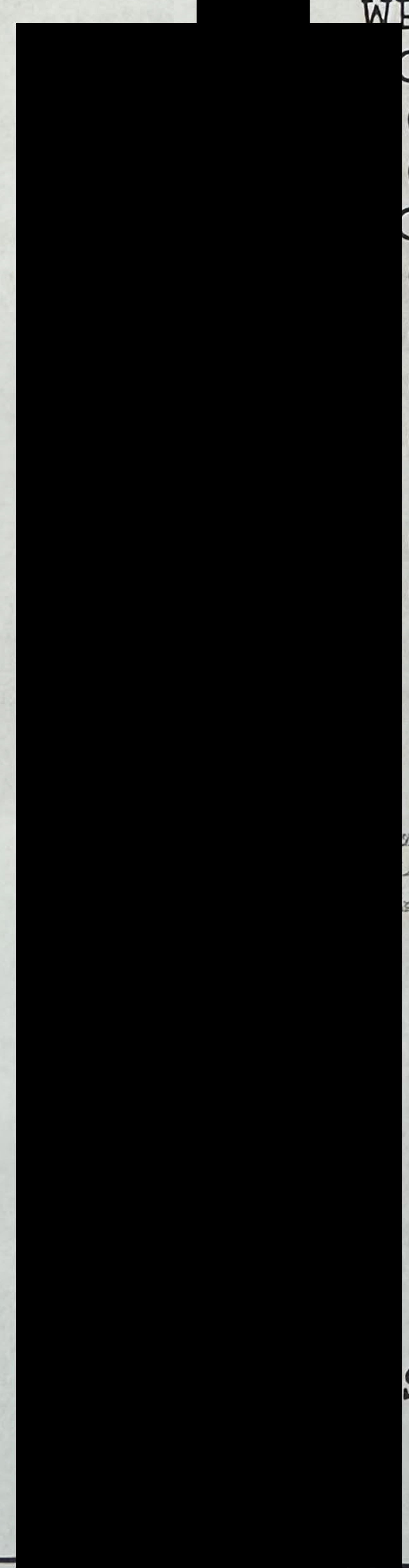


BUS COLOR	21	GMC YUKON	WARR. EXP.	PROMISE	VIN	LICENSE	MILEAGE IN / OUT	TAG
DARKSKY	27FEB21 DD						75752/75757	
DEL. DATE	PROD. DATE				PO NO.	RATE	PAYMENT	INV. DATE
			18:00	28AUG25			CASH	19SEP25
R.O. OPENED	READY	OPTIONS:						
07:33	28AUG25	16:51	19SEP25					

LINE OPCODE TECH TYPE HOURS LIST NET TOTAL
A CUSTOMER STATES CHECK ENGINE LIGHT ON FEELS LIKE ITS GOING TO STALL AT TIMES

CAUSE: ALLY

CAMSHAFT REPLACEMENT



- WPP
- COOLANT (N/C)
- (0W20) ACD (N/C)
- (S) FILTER (N/C)
- CLAMP (N/C)
- (S) SEAL (N/C)
- (S) SEAL (N/C)
- (S) PIPE (N/C)
- (S) SEAL KIT (N/C)
- BOLT (N/C)
- (S) GASKET (N/C)
- (S) PIPE (N/C)
- (S) GASKET (N/C)
- (S) GASKET (N/C)
- (S) GASKET (N/C)
- (S) GUIDE (N/C)
- (S) ROD (N/C)
- (S) GASKET (N/C)
- (S) ARM (N/C)
- (S) BOLT (N/C)
- (S) BOLT (N/C)
- (S) GASKET (N/C)
- (S) VALVE (N/C)
- (S) CAMSHAFT (N/C)
- (S) LIFTER (N/C)
- (S) SEAL (N/C)
- SEALANT
- (S) GASKET
- (S) SEAL
- (S) SEAL



ON BEHALF OF SERVICING DEALER, I HEREBY CERTIFY THAT THE INFORMATION CONTAINED HEREON IS ACCURATE UNLESS OTHERWISE SHOWN. SERVICES DESCRIBED WERE PERFORMED AT NO CHARGE TO OWNER. THERE WAS NO INDICATION FROM THE APPEARANCE OF THE VEHICLE OR OTHERWISE, THAT ANY PART REPAIRED OR REPLACED UNDER THIS CLAIM HAD BEEN CONNECTED IN ANY WAY WITH ANY ACCIDENT, NEGLIGENCE OR MISUSE. RECORDS SUPPORTING THIS CLAIM ARE AVAILABLE FOR (1) YEAR FROM THE DATE OF PAYMENT NOTIFICATION AT THE SERVICING DEALER FOR INSPECTION BY MANUFACTURER'S REPRESENTATIVE.

STATEMENT OF DISCLAIMER

The factory warranty constitutes all of the warranties with respect to the sale of this item/items. The Seller hereby expressly disclaims all warranties either express or implied, including any implied warranty of merchantability or fitness for a particular purpose. Seller neither assumes nor authorizes any other person to assume for it any liability in connection with the sale of this item/items.

DESCRIPTION	TOTALS
LABOR AMOUNT	
PARTS AMOUNT	
GAS, OIL, LUBE	
SUBLET AMOUNT	
MISC. CHARGES	
TOTAL CHARGES	
LESS INSURANCE	
SALES TAX	
PLEASE PAY THIS AMOUNT	

CUSTOMER SIGNATURE

(SIGNED) DEALER, GENERAL MANAGER OR AUTHORIZED PERSON

(DATE)

CUSTOMER COPY