jiffy lube

Jiffy Lube # _____ Date _____ **INVOICE**

CUSTOMER INFORMATION		VEHICLE INFORMATION				
Customers Name		Year		License Plate		
Street Address		Make		Mileage		
City, State, ZIP		Model		Oil Change Interval		
Email Address		Engine		AWD	NO	YES
Phone Number		VIN 8th Digit				
FLEET INFORMATION						
Fleet Account Name		PO Number		Coupon Number		
Fleet Account Number		Vehicle Number				
Drivers Name		VIN Number				

DESCRIPTION	PART NUMBER	QUANTITY	PRICE
Signature Service			
Oil Filter			
Motor Oil			
Environmental Fee			

SERVICE CHECKLIST		✓		✓		✓			✓		✓		✓
Oil	Changed		Cust Own				**Oil Filter**	Changed		Cust Own			
Vacuum Interior	Completed		Declined				**Wash Ext Windows**	Completed		Declined			
Check Air Filter	OK		Replaced				**Check Wiper Blades**	OK		Replaced			
Antifreeze/Coolant	Norm Range		Added				**Serpentine Belt**	OK		Replaced			
Rear Differential Fluid	Norm Range		Added				**Transfer Case Fluid**	Norm Range		Added			
Front Differential Fluid	Norm Range		Added				**Lubricate Chassis**	Fitting Count		Sealed			
Brake Fluid	Norm Range		Low				**Power Steering Fluid**	Norm Range		Added			
Windshield Fluid	Added		Norm Range				**Battery Water**	Norm Range		Added			
Inflate Tires	Front PSI		Rear PSI				**Oil Level Prior to Service**	Norm Range		No Show			
Oil Life Monitor	Reset		N/A				**Transmission Fluid Level**	Norm Range		Added			

SERVICE COMMENTS

SERVICES PERFORMED BY:					PAYMENT INFORMATION	
Upper Bay		TL			**Sub Total**	
Lower Bay		Cashier			**Tax**	
Courtesy		ANC Tech			**Discount**	
CSA		Brake Tech			**Total Due**	
				Tender Type		