PARKING TICKET INVOICE

FROM

COMPANY: _____
ATTN: _____
ADDRESS: _____
CITY, STATE: _____
ZIP: _____
PHONE: _____
E-MAIL: _____

DETAILS

DATE: _____
INVOICE NO. _____
TERMS: _____
INFRACTION: _____
_____

BILL TO

COMPANY: _____
ATTN: _____
ADDRESS: _____
CITY, STATE: _____
ZIP: _____
PHONE: _____
E-MAIL: _____

VEHICLE INFORMATION

MAKE: _____
MODEL: _____
COLOR: _____
PLATE: _____
VIN: _____

DESCRIPTION	QTY / HRS	FEE / RATE	AMOUNT ($)

	SUBTOTAL	
	DISCOUNT	
	TAX / VAT	
	TOTAL	

NOTES: _____
_____
_____