PLEASE READ CAREFULLY, CHECK ONE OF THE STATEMENTS BELOW, AND SIGN:
I UNDERSTAND THAT, UNDER STATE LAW, I AM ENTITLED TO A WRITTEN ESTIMATE IF MY FINAL BILL WILL EXCEED $100.

____I REQUEST A WRITTEN ESTIMATE.

____I DO NOT REQUEST A WRITTEN ESTIMATE.

__X__ I DO NOT REQUEST A WRITTEN ESTIMATE AS LONG AS THE REPAIR COSTS DO NOT EXCEED __**$0.00**__. THE SHOP MAY NOT EXCEED THIS AMOUNT WITHOUT MY WRITTEN OR ORAL APPROVAL.

SIGNED: _____ DATE: 07/29/2023

GUANE GAS STATION

GENERAL MECHANIC
1201 NW 7 ST, MIAMI, FL, 33125
Phs: 786-253-0646
MVR: 07110 MV-47286 INVOICE: 9790

____ month/mile warranty on all parts.

Intended Payment Method:

cash

Date: 07/29/2023 **Time:** 09:59 am

Name: MIGUEL RODRIGUEZ			**Proposed Completion Date:**
Address:			**Home Ph:**
City:	**State:** FL	**Zip:**	**Work Ph:**
Other Authorized Person:			**Phone:** 7865970266
Year/Make: 2018 DODGE	**Model:** JOURNEY	**Tag:**	**Miles In:** 0
VIN#:			**Miles Out:** 0

*U/Used R:Rebuilt RC/Reconditioned NC/No Chg/Warranty RD/Reduced/

Save Old Parts: no (Core may apply)

Qty	Part	Description	Price	Warranty
1	3167	ENGINE MOUNT	65.09	2 year
1	3246	TRASMISSION MOUNT	73.38	2 year
1	3274	ENGINE MOUNT FRON	72.05	2 year
1	3256	ENGINE MOUNT	54.99	2 year
1	83049	AIR FILTER	28.29	
1	90179C	CABIN FILTER	16.69	
1	R94010	OIL FILTER94010 ENGINE	10	
7	1234	OIL REG 5W30 1QT CQOIL	4	

Complaint/Problem:

Labor charges based on: hourly rate

Estimate/diagnostic fee: / Or hourly at __**$ 0.00**__ Per hour

A storage fee of $ __**25**__ per day may be applied to vehicles which are not claimed within 3 working days

Description of Repairs (invoice)	Labor	Time
REPLACE ENGINE MOUNT	240	1
LUBE AND FILTER	20	1

PARTS:
$ 348.49

LABOR:
$ 260.00

SUBLET/OTHER:
$ 0.00

SUPPLIES:
$ 0.00

FEES:
$ 0.00

SUB-TOTAL:
$ 608.49

TAX:
$ 42.59

TOTAL:
$ 651.08

Estimate good for 30 days. Not responsible for damage caused by theft, fire or acts of nature. I hereby authorize the above repairs, including sublet work, along with the necessary materials. You and your employees may operate my vehicle for the purpose of testing, inspection and delivery at my risk. If I cancel repairs prior to their completion for any reason, a tear down and reassembly fee of __**$ 0**__ will be applied.

SIGNED: _____ DATE: 07/29/2023

**This charge represents costs and profits to the motor vehicle repair facility for miscellaneus shop supplies or waste disposal. ***FS403.718 mandates a $1.00 fee for each new tire sold in the Sate of Florida. ***FS403.7185 mandates a $1.50 fee for each new or remanufactured battery sold in the State of Florida.