CUSTOMER #: 6304857370

UNIT# 705

TRIO GROUP LLC

6850 W 63RD ST

CHICAGO, IL 60638

114303

TEAM

INVOICE

430 Midland Road Bay City, MI 48706 (989) 662-4455 (800) 875-4455 www.wielandtrucks.com REMIT TO: F- 105705

Wieland Trucks Dept. 2007

P. O. Box 30516 Lansing, MI 48909-8016

NET

31.00

0.00

PAGE 1

BUS:		E Y	CELL:		SER	VICE ADVISOR:	525 PA	AUL	PFUNDT	48909-8016	
COLOR	YEAR	MAKE/MODEL				VIN		UNIT #		MILEAGE IN/ OUT	
	22	MAC	CK MACK		1M1AN	N4GYXNM025545			40398/	40398	T705
DEL DATE	PROD.	DATE	WARR. EXP.			PO NO.	RATE		PAYMENT	INV. DATE	
01JAN22 DI			- 1,20 1,20 1,20 1,20	18.00	22FEB24					SOFER	24

DLR:846451

12:40 22FEB24 12:53 22FEB24

LINE OPCODE TECH TYPE HOURS

READY

CHANGE FUEL FILTER(S)

PARTS: 0.00 LABOR:

OPM5B CHANGE FUEL FILTER(S)

HOME: 630-485-7370 CONT: 630-485-7370

1040 BUECHLER, RYAN LIC#: M253185

CR

31.00 OTHER: 0.00 TOTAL LINE A:

40398 REPLACE BOTH FUEL FILTERS PRIMED AND STARTED ENGINE CK FOR

OPTIONS:

R.O. OPENED

B CUSTOMER HAS OWN FILTERS

20 M

PARTS:

999 CR

0.00 LABOR:

0.00 OTHER:

0.00 TOTAL LINE B:

LIST

0.00 0.00

TOTAL

31.00

ESTIMATE: 5.25

22FEB24 12:40 SA: 525

CONTACT:

CUSTOMER PAY EPA & SHOP CHARG FOR REPAIR ORDER

1.86









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"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, and the Seller neither assumes nor authorizes any other person to assume for it any liability in connection with the sale of this item/items."

YOU ARE ENTITLED BY LAW TO THE RETURN YOU ARE ENTITLED BY LAW TO THE RETURN OF ALL PART'S REPLACED, EXCEPT THOSE WHICH ARE TOO HEAVY OR LARGE, AND THOSE REQUIRED TO BE SENT BACK TO THE MANUFACTURER OR DISTRIBUTOR BECAUSE OF WARRANTY WORK OR AN EXCHANGE AGREEMENT, YOU ARE ENTITLED TO INSPECT THE PARTS WHICH CANNOT BE RETURNED TO

	DESCRIPTION	TOTALS				
	LABOR AMOUNT	31.00				
	PARTS AMOUNT	0.00				
	GAS, OIL, LUBE	0.00				
9	SUBLET AMOUNT	0.00				
J	MISC. CHARGES	1.86				
	TOTAL CHARGES	32.86				
=	INSURANCE/ADJUST.	0.00				
	SALES TAX	0.11				
7	PLEASE PAY THIS AMOUNT	32.97				

I acknowledge notice and oral approval of an increase in the original estimated price.