

RESTORATION INVOICE

Shop Name: _____

Address: _____

Phone: _____

Invoice #: _____

Date: _____

Terms: _____

Client Information Name: _____

Phone: _____

Email: _____

Project Status Phase: _____

Start Date: _____

Est. Completion: _____

Vehicle Description

Year: _____

Make: _____

Model: _____

VIN: _____

Parts & Materials

Part #	Description (Source/Condition)	Qty	Unit \$	Total \$

Part #	Description (Source/Condition)	Qty	Unit \$	Total \$

Labor & Specialized Services

Service Description (Body, Mechanical, Electrical)	Hours	Rate \$	Total \$

Parts Subtotal:\$ _____
 Labor Subtotal:\$ _____
 Shop Supplies (____%):\$ _____
 Tax:\$ _____
 Total Amount:\$ _____

Notes: All vintage parts are subject to availability. Replaced original parts are available for inspection for 7 days. Signature below authorizes work and acknowledges a lien on the vehicle for the amount of repairs.

Customer Signature: _____ Date: _____