DECK RESTORATION INVOICE

[Company Name]
[Street Address]
[City, State, Zip]
[Phone Number]

Invoice #: _____
Date: _____
Due Date: _____

Client:
[Name]
[Property Address]
[Email/Phone]
Project:
[Deck Type/Size]
[Project Manager]

DESCRIPTION OF SERVICES/MATERIALS	QTY/HRS	RATE	TOTAL
Pressure Washing & Chemical Stripping			
Board Replacement / Structural Repair			
Sanding & Surface Preparation			
Staining / Sealing / Resurfacing Agent			
Materials & Disposal Fees			

Subtotal: $0.00
Tax: $0.00
Balance Due: $0.00

Notes: All work carries a [0]-year warranty on craftsmanship. Materials subject to manufacturer warranty.

Payment Terms: Please make checks payable to [Company Name].