RESTORATION INVOICE

Project Milestone Billing

Invoice #: _____
Date: _____

Restoration Specialist
[Firm Name]
[License / Accreditation #]
[Address]
[Phone/Email]
Property Owner / Client
[Name/Organization]
[Historic Site Name]
[Site Address]
[Project ID]

MILESTONE #	WORK DESCRIPTION & PRESERVATION SCOPE	AMOUNT
_____	[e.g., Phase I: Structural Stabilization / Masonry Repointing]	$ 0.00
_____	[e.g., Phase II: Architectural Salvage / Ornamentation Repair]	$ 0.00
_____	[Materials/Consumables: Specialist Mortar, Timber, etc.]	$ 0.00

Subtotal: $ 0.00
Permit / Filing Fees: $ 0.00

Total Milestone Amount Due: $ 0.00

Preservation Notes: *All work performed in accordance with The Secretary of the Interior's Standards for the Treatment of Historic Properties. Documentation photographs and material certifications attached.*

Payment Terms: *Net [30] days. Please make checks payable to [Firm Name].*