

RESTORATION INVOICE

Classic Upholstery & Furniture Care
123 Artisan Way, Studio B
Craftsville, ST 90210

Invoice #: _____
Date: _____
Due Date: _____

CLIENT INFORMATION

Name: _____
Address: _____
Phone: _____

ITEM DESCRIPTION

Style: _____
Period: _____
Frame Material: _____

Service / Material Description	Qty/Hrs	Rate	Amount
Frame Repair & Reinforcement (Structural)			
Spring Re-tying & Webbing Replacement			
Padding & Cushioning (Horsehair/Down/Foam)			

Service / Material Description

Qty/Hrs

Rate

Amount

Fabric Upholstery Labor

Material: _____ (Yards)

Wood Refinishing / Polishing

Subtotal: \$ _____

Tax: \$ _____

Total Due: \$ _____

Thank you for preserving history. All restoration work is guaranteed for one year from date of delivery.