

RESTORATION INVOICE

Dresser Reference: _____

Date: _____

Invoice #: _____

Restorer:

[Name/Studio]

[Address]

[Contact Info]

Client:

[Name]

[Address]

[Phone/Email]

**SERVICE DESCRIPTION (FRENCH PROVINCIAL
DETAIL)**

HOURS/QTY

RATE

AMOUNT

Stripping & Lead Testing (Original Finish
Removal)

Structural Repairs (Drawer Glides & Dovetails)

Surface Prep (Sanding & Wood Fill)

Finish Application (Paint/Stain & Topcoat)

**SERVICE DESCRIPTION (FRENCH PROVINCIAL
DETAIL)**

HOURS/QTY

RATE

AMOUNT

Hardware Restoration (Cleaning/Highlighting)

Specialty Detailing (Glazing/Gold
Leaf/Distressing)

Subtotal: \$ _____

Materials & Supplies: \$ _____

Total Balance: \$ _____

Care Instructions: Please allow 30 days for the finish to fully cure. Dust with a soft, lint-free cloth. Avoid harsh chemicals or excessive moisture on the restored surface.