

# INVOICE

Historic Furniture Preservation & Restoration

Invoice #: \_\_\_\_\_

Date: \_\_\_\_\_

## CLIENT INFORMATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

## OBJECT DESCRIPTION

Period/Style: \_\_\_\_\_

Provenance: \_\_\_\_\_

Material: \_\_\_\_\_

Service / Material Description	Hours/Qty	Rate	Amount
Analysis & Documentation	_____	_____	_____
Stabilization & Structural Repair	_____	_____	_____
Surface Cleaning & Finish Conservation	_____	_____	_____
Specialized Materials (Gold Leaf, Hide Glue, etc.)	_____	_____	_____

Subtotal: \$ \_\_\_\_\_

Tax: \$ \_\_\_\_\_

Total Due: \$ \_\_\_\_\_

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**TERMS & NOTES**

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All preservation work performed according to AIC Code of Ethics. Payment due within \_\_\_ days. Please make checks payable to: \_\_\_\_\_