

RETRO CABINET PAINTING

123 Restoration Way
Vintage City, ST 54321

INVOICE

Date: _____

Invoice #: _____

BILL TO:

Description of Service / Materials	Qty/Hrs	Rate	Total

Subtotal: \$ _____

Tax: \$ _____

TOTAL DUE: \$ _____

Notes: Paint Colors Used: _____

Thank you for choosing professional cabinet restoration.