

INVOICE

Specialty Varnish Services

Invoice #: _____

Date: _____

PROVIDER / FROM:

Phone: _____

BILL TO / CLIENT:

Email: _____

SURFACE/PROJECT DESCRIPTION	VARNISH TYPE/FINISH	SQ. FT / QTY	RATE	TOTAL
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Material Subtotal: \$ _____

Labor Subtotal: \$ _____

Tax: \$ _____

TOTAL DUE: \$ _____

NOTES / TERMS:

Curing time: _____ days. Payment is due within _____ days of completion. All specialty finishes are subject to natural variation.