

RESTORATION INVOICE

Date: _____

Invoice #: _____

Artisan/Studio Name

Address Line 1

City, State, Zip

Phone / Email

Client:

Name: _____

Address: _____

Phone: _____

Armoire Description:

Period/Style: _____

Wood Type: _____

Dimensions: _____

Service / Materials Description	Hours/Qty	Rate	Total
Stripping & Cleaning			
Structural Repairs & Joinery			
Veneer Repair / Inlay Work			
Hand-Rubbed Finish / Waxing			
Hardware Restoration / Replacement			
Miscellaneous Materials			

Subtotal: \$ _____

Tax: \$ _____

Balance Due: \$ _____

Notes: All restoration work is performed using traditional methods. Please keep the armoire in a climate-controlled environment to preserve the wood and finish.

Payment Terms: Due upon receipt of invoice.