

RESTORATION INVOICE

Business Name
Address Line 1
Phone: (555) 000-0000

Invoice #: _____

Date: _____

Due Date: _____

Client Information:

Name: _____

Address: _____

Phone: _____

Project Description:

Item: _____

Fabric/Material: _____

Status: Repair Full Reupholstery

Description of Work / Materials	Qty/Hrs	Rate	Amount
Labor: Stripping & Frame Repair			
Labor: Upholstery Application			
Fabric / Textile (yards: _____)			
Foam, Batting, & Hardware			
Pickup & Delivery Fee			

Subtotal: \$ _____

Tax: \$ _____

Deposit Paid: (\$ _____)

Total Due: \$ _____

Terms & Conditions:

All restoration work is guaranteed for [] months. Fabric wear is subject to manufacturer warranty. Please make checks payable to _____.