

[SHOP NAME]

[Address Line 1]

[Phone Number]

Invoice #: _____

Date: _____

Client Details:

Name: _____

Phone: _____

Email: _____

Order Details:

Trial Date: _____

Delivery Date: _____

Status: Bespoke Alteration

Measurements & Fit Notes:

Neck: _____

Chest: _____

Waist: _____

Shoulder: _____

Sleeve: _____

Inseam: _____

Length: _____

Hip: _____

Cuff: _____

Description (Garment/Fabric)	Qty	Unit Price	Total
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Description (Garment/Fabric)	Qty	Unit Price	Total
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Subtotal: \$ _____

Tax: \$ _____

Total: \$ _____

Deposit: \$ _____

Balance: \$ _____

Terms: 50% deposit required for custom commissions. No returns on bespoke items.

Thank you for your patronage.