

STUDIO [NAME]

BOUTIQUE INTERIOR DESIGN

Invoice # [0000]

Date: [Month Day, Year]

DESIGNER

[Your Name/Company]
[Address Line 1]
[Address Line 2]
[Email/Phone]

BILL TO

[Client Name]
[Project Address]
[City, State, Zip]
[Client Email]

DESCRIPTION OF SERVICES	HOURS	QTY	RATE	AMOUNT
Initial Concept Design & Space Planning	-	-	-	\$0.00
Furniture & Fixture Procurement	-	-	-	\$0.00
Project Management & Site Visits	-	-	-	\$0.00

Subtotal \$0.00
Tax \$0.00
Total Due \$0.00

Thank you for the opportunity to design your space.

Payment due within [Number] days via [Payment Method].