

# STUDIO INTERIOR

123 Design Avenue  
New York, NY 10001  
contact@studiointerior.com

## INVOICE

Date: [Date]  
Invoice #: [0000]  
Project: [Project Name]

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### BILL TO:

[Client Name]  
[Company Name]  
[Street Address]  
[City, State, Zip]

### PAYMENT TERMS:

Due on Receipt  
Bank Transfer / Check

SERVICE DESCRIPTION	HOURS/QTY	RATE	AMOUNT
Initial Concept Design & Space Planning	[0]	[\$[0.00]]	[\$[0.00]]
3D Visualization & Material Board	[0]	[\$[0.00]]	[\$[0.00]]

SERVICE DESCRIPTION	HOURS/QTY	RATE	AMOUNT
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FF&E Procurement & Sourcing	[0]	[\$0.00]	[\$0.00]
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Project Management & On-site Supervision	[0]	[\$0.00]	[\$0.00]
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Subtotal \$[0.00]  
Tax (0%) \$[0.00]  
TOTAL \$[0.00]

**Payment Instructions:** Please include invoice number in the payment reference. Late payments are subject to a 1.5% monthly fee.

Thank you for your business.