

INVOICE

Design Concept Development

Invoice # _____

Date: ___/___/___

FROM

[Studio Name]
[Street Address]
[City, State, Zip]
[Email/Phone]

BILL TO

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

Service Description	Hours/Qty	Rate	Amount
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Initial Site Survey & Floor Plan Drafting

Mood Board & Color Palette Development

Material & Finish Selections (FF&E)

Service Description

Hours/Qty

Rate

Amount

3D Perspective Renderings / Visualizations

Client Presentation & Revisions

Subtotal: \$0.00

Tax: \$0.00

Total Due: \$0.00

PAYMENT TERMS

Please make checks payable to [Studio Name]. Net 15 days. Wire transfer details available upon request.