

STUDIO NAME

123 Design Street
City, State, Zip
email@studio.com

INVOICE

#INV-001
Date: [Date]
Due Date: [Date]

BILL TO:

[Client Name]
[Client Address]
[Client Phone/Email]

DESCRIPTION	HOURS/QTY	RATE	TOTAL
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Initial Site Consultation - [Project Name]			\$0.00
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Travel Fee / Site Measurement			\$0.00
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Mood Board & Conceptual Development			\$0.00
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Subtotal: \$0.00
Tax: \$0.00
Amount Due: \$0.00

Payment Instructions:

Please make checks payable to [Studio Name] or pay via [Direct Deposit Info].

Thank you for choosing us for your interior design needs.