

INTERIOR STUDIO NAME

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

INVOICE

Invoice #: [000]
Date: [Date]
Due Date: [Date]

CLIENT / PROJECT

[Client Name]
[Project Name/Address]
[Client Contact Info]

PAYMENT TERMS

[Net 30 / Due on Receipt]
Method: [Bank Transfer / Check]

Description	Hours/Qty	Rate/Price	Total
Project Management & Contractor Coordination	0.00	\$0.00	\$0.00
Concept Development & Space Planning	0.00	\$0.00	\$0.00
Sourcing: Furniture, Fixtures & Equipment (FF&E)	0.00	\$0.00	\$0.00

Description	Hours/Qty	Rate/Price	Total
Site Visits & Installations	0.00	\$0.00	\$0.00

Subtotal: \$0.00

Tax: \$0.00

Total Amount: \$0.00

Notes: Please include invoice number with your payment. Reimbursable expenses (travel/shipping) are detailed in the attached supporting documents.