

INVOICE

Office Interior Design Services

Invoice #: [000]

Date: [MM/DD/YYYY]

FROM

[Your Studio Name]
[Address Line 1]
[Email / Phone]

BILL TO

[Client Company Name]
[Contact Person]
[Client Address]

Description of Services	Hours/Qty	Rate	Amount
Initial Concept & Space Planning	-	-	\$0.00
3D Rendering & Visualization	-	-	\$0.00
Furniture & Fixture Sourcing	-	-	\$0.00
Project Management & Site Supervision	-	-	\$0.00

Subtotal

\$0.00

Tax (%)

\$0.00

Total Due

\$0.00

Payment Terms: Please make payment within [Number] days. Bank details: [Bank Name] | Account: [Number]

Thank you for choosing [Your Studio Name] for your workspace transformation.