

[STUDIO NAME]

[Address Line 1]
[City, State, Zip]
[Email/Phone]

INVOICE

[0000]
Date: [Date]

CLIENT

[Client Name]
[Project Title]
[Client Address]

PAYMENT DUE

[Date]

SERVICE DESCRIPTION	RATE/UNIT	QTY/HRS	AMOUNT
Initial Concept & Space Planning	\$0.00	0	\$0.00
FF&E Procurement (Furniture, Fixtures, Equipment)	\$0.00	0	\$0.00
Project Management & Site Coordination	\$0.00	0	\$0.00

SERVICE DESCRIPTION**RATE/UNIT****QTY/HRS****AMOUNT**

Reimbursable Expenses (Travel/Materials)

\$0.00

1

\$0.00

Subtotal \$0.00**Tax \$0.00****Total Due \$0.00**

NOTES & PAYMENT INSTRUCTIONS

Please include invoice number with payment. Wire transfer, check, or credit card accepted. Net 15 terms apply to all consulting services.