

INTERIOR DESIGN STUDIO

123 Design Lane, Suite 100
New York, NY 10001
contact@studio.com

INVOICE

Invoice #: [0000]

Date: [Date]

Due Date: [Date]

CLIENT INFO

[Client Name]

[Property Address]

[City, State, Zip]

[Email/Phone]

PROJECT DETAILS

Project: [Residential Name/Phase]

Designer: [Name]

PO #: [Number]

Description of Services / Materials	Qty/Hrs	Rate	Total
Initial Design Consultation & Space Planning			\$0.00
3D Rendering & Material Board Development			\$0.00
Sourced Furniture & Decorative Fixtures			\$0.00

Description of Services / Materials	Qty/Hrs	Rate	Total
Project Management & Contractor Coordination			\$0.00

Subtotal: \$0.00

Tax: \$0.00

Total Due: \$0.00

Payment Terms: Please make checks payable to [Studio Name]. Net 15 days. Thank you for your business.