

# RETAIL DESIGN STUDIO

123 Design Avenue  
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contact@designstudio.com

## INVOICE

Invoice #: \_\_\_\_\_

Date: \_\_\_\_\_

Project ID: \_\_\_\_\_

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CLIENT / RETAILER

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PROJECT SITE

\_\_\_\_\_  
\_\_\_\_\_

SERVICE DESCRIPTION	HOURS/QTY	RATE	AMOUNT
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Retail Concept Development & Mood Boarding

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3D Floor Plans & Spatial Planning

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Custom Fixture & Furniture Specification

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**SERVICE DESCRIPTION****HOURS/QTY****RATE****AMOUNT**

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Lighting Design & Electrical Layout

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Material & Finish Sourcing

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Subtotal \$0.00

Tax (\_\_\_%) \$0.00

Total Due \$0.00

**PAYMENT TERMS**

Please make payment within 15 days of receipt. Bank transfer details: 0000-0000-0000.

Thank you for choosing us for your retail transformation.