

[STUDIO NAME]

[Studio Address]
[City, State, Zip]
[Email/Phone]

INVOICE

No: [000]
Date: [Date]

BILL TO: [Client Name]
[Client Address]
[Project Name/Reference]
PROJECT PHASE: [e.g., Schematic Design / Construction Admin]

DESCRIPTION OF SERVICES / SPECIFICATION	QTY/HRS	RATE	AMOUNT
[Design Consultation & Floor Plan Development]	[0.0]	[0.00]	[0.00]
[3D Rendering & Material Board Selection]	[0.0]	[0.00]	[0.00]
[Reimbursable Expenses: Printing/Site Travel]	[0.0]	[0.00]	[0.00]

Subtotal [0.00]
Tax (%) [0.00]
Balance Due \$[0.00]
PAYMENT TERMS

Please make checks payable to [Studio Name]. Electronic transfers to [Bank Details]. Payment is due within [Number] days of invoice date.