

INVOICE

Project Ref: _____

[Interior Design Studio Name]

[Street Address]

[City, State, Zip]

[Email / Phone]

BILL TO

[Client Name]

[Client Address]

[City, State, Zip]

[Phone Number]

DETAILS

Invoice #: [0000]

Date: [MM/DD/YYYY]

Due Date: [MM/DD/YYYY]

SERVICE DESCRIPTION	RATE/PRICE	QTY/HRS	AMOUNT
[e.g., Design Consultation & Concept Development]	\$0.00	0	\$0.00
[e.g., 3D Rendering & Floor Plans]	\$0.00	0	\$0.00
[e.g., Furniture & Material Sourcing]	\$0.00	0	\$0.00
[e.g., Project Site Supervision]	\$0.00	0	\$0.00
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Subtotal: \$0.00			
Tax ([0] %): \$0.00			
Total Due: \$0.00			

PAYMENT INSTRUCTIONS

Please make checks payable to **[Business Name]** or via Bank Transfer to **[Account Info]**. All payments are due within [15] days of invoice date.

Thank you for your business!