INTERIOR DESIGN

[Business Address]
[Phone Number]
[Email/Website]

INVOICE

Invoice #: _____
Date: _____
Project ID: _____

CLIENT / BILL TO

[Client Name]
[Client Address]
[City, State, Zip]
[Contact Email]

PROJECT DETAILS

Scope: [e.g., Living Room Remodel]
Agreement Date: _____
Payment Terms: [e.g., Net 15]

Service / Item Description	Rate/Price	Qty/Hrs	Total
Design Consultation & Site Visit	$		$
3D Renderings & Floor Plans	$		$

Service / Item Description	Rate/Price	Qty/Hrs	Total
Furniture & Material Procurement	$		$
Project Management Fees	$		$
Reimbursable Expenses	$		$

Subtotal: $ _____
Tax (%): $ _____
Deposit Paid: ($ _____)
TOTAL DUE: $ _____

NOTES & PAYMENT INSTRUCTIONS

Please make checks payable to **[Business Name]** or pay via **[Bank/Wire Info]**. Invoiced services are governed by the Interior Design Service Agreement signed on [Date].