

# STUDIO NAME

BOUTIQUE INTERIOR DESIGN

Invoice #: 0000

Date: Month 00, 20XX

**From**

Street Address  
City, State, Zip  
Email / Phone

**To**

Client Name  
Project Name  
Street Address  
City, State, Zip

| DESCRIPTION                                  | QUANTITY/HOURS | RATE          | AMOUNT |
|--|----------------|---------------|--------|
| Design Consultation & Concept Development    | 0.0            | \$0.00        | \$0.00 |
| Sourcing & Procurement: Furniture & Fixtures | 0.0            | \$0.00        | \$0.00 |
| Site Supervision & Project Management        | 0.0            | \$0.00        | \$0.00 |
| Subtotal                                     |                | \$0.00        |        |
| Tax  |                | \$0.00        |        |
| <b>Total Due</b>                             |                | <b>\$0.00</b> |        |

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Payment Terms: Due within 15 days. Please make checks payable to Studio Name.

Thank you for choosing our boutique for your interior transformation.