

# INVOICE

---

[Interior Design Studio Name]  
[Address Line 1]  
[Email / Phone]

**Date:** [MM/DD/YYYY]  
**Invoice #:** [0001]

## CLIENT

[Client Name]  
[Project Name]  
[Billing Address]

## PAYMENT TERMS

Due within [Number] days of receipt.

Service Description	Rate/Hr	Hours	Amount
Initial Site Consultation & Measurements	\$0.00	0.0	\$0.00
Concept Development & Mood Boarding	\$0.00	0.0	\$0.00
3D Modeling & Rendering	\$0.00	0.0	\$0.00
Sourcing & Procurement (Furniture/Materials)	\$0.00	0.0	\$0.00

Subtotal: \$0.00  
Tax ([0] %): \$0.00  
Total Due: \$0.00

**NOTES**

Thank you for your business. Please include the invoice number with your payment.