

STUDIO NAME

123 Design Avenue
City, State, Zip
email@studio.com

INVOICE

#INV-001
Date: [Date]
Due Date: [Date]

CLIENT INFORMATION

[Client Name]
[Project Address]
[Phone Number]

PROJECT DETAILS

Project: [Project Title / Phase]
Designer: [Name]

DESCRIPTION OF SERVICES / ITEMS	QTY / HRS	RATE	AMOUNT
Design Consultation & Space Planning	0.0	\$0.00	\$0.00
3D Rendering & Material Board Selection	0.0	\$0.00	\$0.00
Furniture Procurement & Vendor Management	0.0	\$0.00	\$0.00

DESCRIPTION OF SERVICES / ITEMS**QTY / HRS****RATE****AMOUNT**

Site Supervision & Installation

0.0

\$0.00

\$0.00

Subtotal: \$0.00**Tax (0%): \$0.00****Total: \$0.00**

NOTES & PAYMENT INSTRUCTIONS

Please make checks payable to **[Business Name]**. Wire transfer details: **[Bank Name]** | **[Account Number]** | **[Routing Number]**. Payment is due within 15 days. Thank you for your business.