

# SPACE PLANNING SERVICE

[Your Company Name]  
[Address Line 1]  
[City, State, Zip]

## INVOICE

# [0000]  
Date: [Date]

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**BILL TO:**

[Client Name]  
[Client Business Name]  
[Client Address]

**PROJECT:**

[Project Name/Ref]  
[Property Address]

DESCRIPTION	HOURS/QTY	RATE	TOTAL
Initial Site Survey & Measurements	-	-	\$ 0.00
Preliminary Schematic Floor Plans	-	-	\$ 0.00
Furniture & Equipment Layout	-	-	\$ 0.00

DESCRIPTION	HOURS/QTY	RATE	TOTAL
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Final Space Planning Documentation	-	-	\$ 0.00
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Subtotal: \$ 0.00

Tax (0%): \$ 0.00

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**TOTAL DUE: \$ 0.00**

**PAYMENT TERMS:**

Please make checks payable to [Your Company Name]. Payment is due within [Number] days. Thank you for your business.