INVOICE

[Studio Name]
[Street Address]
[City, State, Zip]

Invoice #: [00001]
Date: [Date]
Due Date: [Date]

BILL TO:
[Client Name]
[Project Location/Address]
[Phone/Email]

SERVICE DESCRIPTION	RATE/BASIS	HOURS/QTY	AMOUNT
Initial Design Consultation (In-Home)	$0.00	0	$0.00
Space Planning & Conceptual Development	$0.00	0	$0.00
Material & Finish Selection	$0.00	0	$0.00
Vendor Liaison & Project Management	$0.00	0	$0.00

Subtotal: $0.00
Tax: $0.00

TOTAL DUE: $0.00

Payment Terms: [Net 15 / Due upon receipt]

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