

STUDIO NAME
Invoice

FROM
Your Business Name
Street Address
City, State, Zip
Email / Phone

INVOICE DETAILS
Date: [Date]
Invoice #: [000]
Project: [Project Name]

BILL TO
Client Name
Client Address
City, State, Zip

DESCRIPTION OF PHASE / DELIVERABLE	AMOUNT
Design Development & Concept Presentation (Fixed Fee)	\$0.00
Technical Drawings & Specifications	\$0.00
Furniture, Fixtures & Equipment (FF&E) Procurement	\$0.00

DESCRIPTION OF PHASE / DELIVERABLE

AMOUNT

Project Management & Site Coordination	\$0.00
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Subtotal \$0.00	
Tax \$0.00	
Total Due \$0.00	

PAYMENT INSTRUCTIONS

Bank: [Bank Name] | Account: [Number] | Routing: [Number]

Please make checks payable to: [Business Name]

Due Date: [Date]