[STUDIO NAME]

INVOICE NUMBER

#000-00

DATE

[Date]

FROM

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

BILL TO

[Client Name]
[Project Address]
[Client Email]

DESCRIPTION	PHASE	AMOUNT
Design Development & Space Planning	Phase 1	$0.00
FF&E Specification & Sourcing	Phase 2	$0.00
Project Management & Site Visits	Ongoing	$0.00
Procurement & Installation Coordination	Phase 3	$0.00

Subtotal $0.00
Tax $0.00
Total Due $0.00

PAYMENT TERMS

Please remit payment within 15 days of invoice date. Bank transfer details: [Bank Name] | Account: [Number] | Routing: [Number]