INVOICE

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

Date: [MM/DD/YYYY]
Invoice #: [0000]
Project ID: [Project Name/Code]

CLIENT / BILL TO

[Client Name]
[Client Address]
[Phone / Email]

PROJECT DETAILS

Designer: [Name]
Phase: [Procurement / Installation]
Payment Due: [Date]

ITEM / SERVICE DESCRIPTION	QTY/HRS	UNIT PRICE	TOTAL
[Furniture Piece/Service Name - e.g., Custom Sofa]	0	$0.00	$0.00
[Shipping, Freight & Handling]	1	$0.00	$0.00
[Design/Procurement Fee % or Hourly]	0	$0.00	$0.00
[On-site Installation & Styling]	0	$0.00	$0.00

Subtotal $0.00
Sales Tax ([0]%) $0.00
Amount Due $0.00

TERMS & NOTES

Payment is due within [X] days. Please include the invoice number with your payment. Furniture remains the property of [Company Name] until full payment is received.