INVOICE

[Your Interior Design Firm Name]
[Address Line 1]
[Email / Phone]

Invoice #: [000]
Date: [MM/DD/YYYY]
Due Date: [MM/DD/YYYY]

CLIENT INFORMATION

[Client Contact Name]
[Hotel/Brand Name]
[Billing Address]
[City, State, Zip]

Project: [Hospitality Project Name]
Phase: [e.g., Schematic Design / FF&E Selection]
Project Code: [P-000]

DESCRIPTION OF SERVICES / FEE STAGE	QUANTITY/HRS	RATE	TOTAL
[Service Phase Name - e.g., Concept Development]	[0.00]	$0.00	$0.00
[FF&E Procurement Fee / Markup]	[0.00]	$0.00	$0.00
[Reimbursable Expenses - Travel/Printing]	[1]	$0.00	$0.00

Subtotal $0.00
Tax ([0]%) $0.00

Total Amount $0.00

Payment Instructions:
Please make checks payable to [Design Firm Name].
Wire Transfer / ACH: [Bank Name] | Acc: [00000000] | Routing: [00000000]

Thank you for the opportunity to design your hospitality space.