INTERIOR DESIGN STUDIO

INVOICE
[Invoice Number]
[Date]

CLIENT

[Client Name]
[Project Address]
[City, State, Zip]

PROJECT

[Project Name / ID]
[Phase: e.g., Implementation]
[Billing Period]

DESCRIPTION OF SERVICES	RATE / %	HOURS / VALUE	TOTAL
Project Management Fee (Contract Oversight)	[Rate]	[Qty]	$0.00
Site Supervision & Vendor Coordination	[Rate]	[Qty]	$0.00
Procurement & Logistics Management	[Rate]	[Qty]	$0.00
Reimbursable Expenses	-	-	$0.00

Subtotal: $0.00
Tax: $0.00
Amount Due: $0.00

Payment Terms: Due within [X] days. Please make checks payable to [Business Name].

Notes: [Additional project notes or wire transfer instructions].