INVOICE

Project: Kitchen Remodel

[Design Studio Name]
[Address Line 1]
[City, State, Zip]
[Email/Phone]

CLIENT:
[Client Name]
[Project Address]
[Phone Number]

Invoice #: [000]
Date: [Date]
Due Date: [Date]

DESCRIPTION OF SERVICES / PHASE	HOURS/QTY	RATE/FEE	AMOUNT
Initial Consultation & Spatial Planning	[0]	$[0.00]	$[0.00]
3D Renderings & Material Selection	[0]	$[0.00]	$[0.00]
Cabinetry & Lighting Specifications	[0]	$[0.00]	$[0.00]
Project Management & Site Visits	[0]	$[0.00]	$[0.00]

Subtotal: $[0.00]
Tax: $[0.00]

TOTAL: $[0.00]

Notes & Payment Instructions:

Please make checks payable to [Design Studio Name]. For wire transfers, use [Routing/Account Details]. Thank you for your business!