INTERIOR DESIGN STUDIO

123 Design Avenue
New York, NY 10001
contact@studio.com

INVOICE

#INV-001
Date: [Date]
Due Date: [Date]

CLIENT

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

PROJECT REFERENCE

[Project Name]
Phase: [Phase Name]

DESCRIPTION OF SERVICES	RATE/UNIT	QTY/HRS	AMOUNT
Design Consultation & Concept Development	$0.00	0	$0.00
Technical Drawings & Floor Plans	$0.00	0	$0.00
FF&E Procurement & Sourcing	$0.00	0	$0.00

Subtotal: $0.00
Tax (0%): $0.00

Total Amount: $0.00

PAYMENT TERMS

Please make checks payable to **Interior Design Studio**. For wire transfers: [Bank Name] | Acc: [Number] | Routing: [Number]. Net 15 payment terms apply.