DESIGN STUDIO NAME

123 Design Avenue, Suite 100
City, State, Zip
email@studio.com

INVOICE

Date: [Date]
Invoice #: [0001]
Project ID: [PID-123]

CLIENT / PROJECT LOCATION

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

PROJECT PHASE

[e.g., Schematic Design / Procurement / Installation]

DESCRIPTION	RATE/UNIT	QTY/HRS	TOTAL
Design Fee: [Description of service/phase]	$0.00	0	$0.00
FF&E: [Furniture, Fixtures, or Equipment items]	$0.00	0	$0.00
Reimbursable Expenses: [Travel, Printing, etc.]	$0.00	0	$0.00

Subtotal $0.00
Tax/Markup $0.00
Amount Due $0.00

PAYMENT INSTRUCTIONS

Please make checks payable to [Studio Name] or pay via bank transfer to [Account Details].
Payment is due within [15] days of invoice date.