[STUDIO NAME]

[Street Address]
[City, State, Zip]
[Email/Phone]

INVOICE

Invoice #: [0000]
Date: [Date]
Due Date: [Date]

CLIENT / RETAILER

[Client Name/Company]
[Store Location/Address]
Attn: [Contact Person]

PROJECT REFERENCE

[Project Name/Retail Concept]
Project Phase: [e.g., Schematic Design]
PO Number: [00000]

DESCRIPTION OF SERVICES	RATE/BASIS	AMOUNT
[Service Item: e.g., Space Planning & Floor Layout]	[Fixed / Hourly]	0.00
[Service Item: e.g., Custom Fixture & Joinery Design]	[Fixed / Hourly]	0.00
[Service Item: e.g., FF&E Specification & Sourcing]	[Fixed / Hourly]	0.00

DESCRIPTION OF SERVICES	RATE/BASIS	AMOUNT
[Service Item: e.g., Lighting Plan & MEP Coordination]	[Fixed / Hourly]	0.00

Subtotal: 0.00
Tax/VAT ([%]): 0.00

Total Amount: $0.00

PAYMENT INSTRUCTIONS

Bank: [Bank Name] | Account: [Number] | Wire/Swift: [Code]
Please include invoice number as payment reference.

Terms: Late payments may be subject to a [0]% monthly interest fee.