INVOICE

[Your Design Studio Name]

Date: [00/00/0000]

Invoice #: [0001]

CLIENT
[Client Name]
[Company Name]
[Address Line 1]
[City, State, Zip]
PROJECT: SPACE PLANNING
[Project Name/ID]
[Site Address]
[Total Square Footage]

SERVICE DESCRIPTION	RATE / SQFT	QTY / HOURS	AMOUNT
Initial Site Measurement & CAD Drafting	[0.00]	[0]	[0.00]
Conceptual Space Planning (Options A & B)	[0.00]	[0]	[0.00]
Furniture Layout & Circulation Path Analysis	[0.00]	[0]	[0.00]
Final Schematic Floor Plan Refinement	[0.00]	[0]	[0.00]

Subtotal $[0.00]
Tax $[0.00]
TOTAL DUE $[0.00]

Payment Terms: Net 15. Please make checks payable to [Studio Name].

Notes: This invoice covers professional space planning services only. Interior specifications and procurement to be billed separately.