[DESIGN STUDIO NAME]

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

INVOICE

Invoice #: [000]
Date: [Date]
Project: [Project Name/Ref]

Bill To:
[Client Name]
[Property Address]
[City, State, Zip]

Staging Period:
[Start Date] - [End Date]
Terms: [e.g., Due on Receipt]

SERVICE DESCRIPTION	RATE/FEE TYPE	AMOUNT
Initial Design Consultation & Space Planning Site visit, measurement, and staging concept development.	Flat Fee	$0.00
Furniture & Decor Rental Inventory curation for Living, Dining, and Primary Suite.	Monthly Rate	$0.00
Installation & Styling Labor Professional mover coordination and on-site interior styling.	Service Fee	$0.00

SERVICE DESCRIPTION	RATE/FEE TYPE	AMOUNT
De-staging & Removal Inventory pack-out and property clearing.	Fixed Fee	$0.00

Subtotal: $0.00
Tax: $0.00
Total Due: $0.00

Payment Instructions: Please make checks payable to [Business Name] or pay via [Electronic Payment Link].

Notes: Staging insurance coverage is included in the monthly rental fee. Late fees apply after [X] days.