

# [STUDIO NAME]

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

## INTERIM INVOICE

Invoice #: [0000]  
Date: [Date]

**BILL TO**

[Client Name]  
[Project Address]  
[Client Contact Email]

**PROJECT**

[Project Name/Phase]  
Consultation Period: [Start] - [End]

Description of Services / Procurement	Quantity / Hours	Rate	Amount
Design Development & Space Planning	0.0	\$0.00	\$0.00
Site Visits & Contractor Coordination	0.0	\$0.00	\$0.00
Material Sourcing & Sample Boards	0.0	\$0.00	\$0.00
FF&E Procurement (Deposit/Interim)	1	\$0.00	\$0.00

Subtotal: \$0.00

Tax: \$0.00

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**Total Due: \$0.00**

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**Payment Terms:** Due within [X] days. Please make checks payable to [Studio Name] or via bank transfer to [Account Details].

This is an interim invoice for the current phase of the design project. Final adjustments will be reflected in the closing statement.