

# INVOICE

[Design Firm Name]  
[Address Line 1]  
[Email/Phone]

**Invoice #:** \_\_\_\_\_  
**Date:** \_\_\_\_\_  
**Project:** \_\_\_\_\_

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## BILL TO

[Client Name]  
[Billing Address]  
[Phone Number]

## PROJECT SITE

[Site Address / Phase Name]  
Procurement Phase

REF #	ITEM DESCRIPTION / SPECIFICATION	QTY	UNIT PRICE	TOTAL
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[Furniture/Fixture/Equipment Details]

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[Custom Fabrication / Millwork]

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[Shipping, Handling & Logistics]

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REF #	ITEM DESCRIPTION / SPECIFICATION	QTY	UNIT PRICE	TOTAL
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[Procurement Management Fee]

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Subtotal: \$0.00

Tax: \$0.00

Amount Due: \$0.00

#### TERMS & NOTES

Please make checks payable to [Design Firm Name]. Procurement of items will commence upon receipt of full deposit. Delivery timelines are subject to vendor lead times.