

INVOICE

[Project Name / Phase]

[Studio Name]

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

BILL TO:

[Client Name]
[Client Address]
[Client Email]

Invoice #: [001]

Date: [Month Day, Year]

Due Date: [Month Day, Year]

| Description | Hours/Qty | Rate/Price | Total |
|--------------------------------------|-----------|-------------------|------------|
| Design Consultation & Space Planning | [0.00] | [\$[0.00]] | [\$[0.00]] |
| 3D Rendering & Drafting | [0.00] | [\$[0.00]] | [\$[0.00]] |
| Furniture & Material Procurement | [0.00] | [\$[0.00]] | [\$[0.00]] |
| Project Management & Site Visits | [0.00] | [\$[0.00]] | [\$[0.00]] |
| Subtotal: | | [\$[0.00]] | |
| Tax ([0]%): | | [\$[0.00]] | |
| Amount Due: | | [\$[0.00]] | |

Notes: Please include the invoice number with your payment. Thank you for your business.

Payment Terms: Bank Transfer, Check, or Credit Card.