STUDIO NAME

123 Design Avenue
London, UK W11 2BQ
contact@studioname.com

INVOICE

#INV-0000
Date: 00/00/0000
Due: 00/00/0000

CLIENT

Client Name / Firm
Street Address
City, State, Postcode

PROJECT

Project Name Reference
Project Phase: Consultation

DESCRIPTION	RATE	HOURS/QTY	AMOUNT
Initial Site Analysis & Consultation	0.00	0.0	0.00
Concept Design Development	0.00	0.0	0.00
Material & Finishes Specification	0.00	0.0	0.00

Subtotal 0.00
Tax (0%) 0.00

TOTAL $0.00

PAYMENT TERMS

Bank: Name of Bank | Account: 00000000 | Sort Code: 00-00-00
Please include the invoice number as a reference for all transfers.