STUDIO NAME

BOUTIQUE INTERIOR ARCHITECTURE

Invoice No: _____
Date: _____
Project Ref: _____

CLIENT

Name / Entity
Address Line 1
City, State, Zip

PROJECT LOCATION

Residence Name / Site Address
City, State

DESCRIPTION OF PROFESSIONAL SERVICES	AMOUNT
Initial Project Retainer Commencement deposit for Phase I: Concept & Schematic Design. Non-refundable and applicable toward final project reconciliation.	$ 0.00
Procurement Deposit Initial capital for custom FF&E (Furniture, Fixtures, and Equipment) lead-time reservations.	$ 0.00

Subtotal $ 0.00
Processing/Admin $ 0.00
Total Due $ 0.00

WIRE INSTRUCTIONS / PAYMENT

Bank Name: _____
Account Number: _____
Routing Number: _____

**Please note: Work commences upon receipt of cleared funds.*

studioname.com hello@studioname.com +1 000 000 0000