INTERIOR DESIGN STUDIO

123 Design Avenue
City, State, Zip
email@studio.com

RETAINER INVOICE

Invoice #: [00000]
Date: [Date]
Due Date: Upon Receipt

BILL TO

[Client Name]
[Address]
[Phone/Email]

PROJECT REFERENCE

[Project Name/Phase]
[Project Address or Code]

DESCRIPTION OF SERVICE / RETAINER TYPE	AMOUNT
Initial Project Retainer Fee Non-refundable deposit applied toward final project billing or procurement of goods.	$0.00
Design Phase 1 Commencement Scheduled start: [Date]	$0.00

Subtotal: $0.00

Tax: $0.00

Total Amount Due: $0.00

Payment Terms: Please make checks payable to **[Studio Name]**. This retainer is required prior to the commencement of design services or procurement. This fee will be held on account and credited as per the signed Interior Design Agreement.