INVOICE

[Consultant Name/Firm]
[Business Address]
[Phone / Email]

Invoice #: _____
Date: _____
Due Date: _____

CLIENT / HOMEOWNER

[Client Name]
[Property Address]
[City, State, Zip]

PROJECT DETAILS

Project: [e.g., Kitchen Remodel]
Phase: [e.g., Design & Planning]

Description of Consulting Services	Hours/Qty	Rate	Amount
[Service description or milestone]	0.00	$0.00	$0.00
[Service description or milestone]	0.00	$0.00	$0.00
[Service description or milestone]	0.00	$0.00	$0.00

Subtotal: $0.00
Tax / Fees: $0.00
Total Balance Due: $0.00

Payment Instructions:
Please make checks payable to [Consultant Name] or pay via [Payment Method Info].
Thank you for your business.