STUDIO NAME

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

PROFORMA INVOICE

Date: [Date]
Number: [PRO-001]

CLIENT INFORMATION

[Client Name]
[Project Address]
[Phone Number]
[Email]

PROJECT REFERENCE

[Project Name/Phase]
Consultant: [Designer Name]
Terms: [e.g., 50% Deposit]

DESCRIPTION OF GOODS/SERVICES	QTY	RATE	AMOUNT
[Service: e.g., Design Concept & Space Planning]	[1]	[0.00]	[0.00]
[Product: e.g., Custom Sectional Sofa - Grade B Fabric]	[1]	[0.00]	[0.00]
[Shipping & White Glove Delivery Estimate]	[1]	[0.00]	[0.00]

Subtotal [0.00]

Tax ([0]%) [0.00]
TOTAL DUE [0.00]

PAYMENT INSTRUCTIONS

Bank: [Bank Name] | Account: [Number] | Routing: [Number]
Note: This is a proforma invoice provided for estimation and payment purposes prior to order fulfillment.