STUDIO NAME

123 Design Avenue
London, UK SW1
contact@studioname.com

PROFORMA INVOICE

Date: [Date]
Number: #PRO-001

BILL TO

Client Name
Project Address
City, State, Zip
Email@client.com

PROJECT REFERENCE

Project: [Project Title]
Phase: [e.g., Concept Design]
PO Number: [Reference]

DESCRIPTION OF SERVICES / ITEMS	QTY / HOURS	RATE	AMOUNT
Initial Site Survey & Floor Plan Drafting	1	0.00	0.00
FF&E Selection & Moodboard Development	1	0.00	0.00
Bespoke Cabinetry Technical Drawings	1	0.00	0.00

DESCRIPTION OF SERVICES / ITEMS	QTY / HOURS	RATE	AMOUNT
Project Procurement Management Fee	1	0.00	0.00

Subtotal 0.00
VAT / Tax (0%) 0.00
TOTAL DUE 0.00

PAYMENT INSTRUCTIONS

Bank: [Bank Name] | Account: [Number] | Sort Code/IBAN: [Code]
Please note: This is a proforma invoice for payment prior to service delivery or procurement.