[INTERIOR DESIGN STUDIO NAME]
[Street Address]
[City, State, Zip]
[Email / Phone]

PROFORMA INVOICE

No: [Invoice #]
Date: [Date]

BILL TO

[Client Name]
[Client Address]
[Project Name/Reference]

PAYMENT TERMS

[e.g., 50% Deposit Required]
Validity: [30] Days

Description of Services / Items	Qty/Hrs	Rate	Amount
Design Consultation & Concept Development	-	0.00	0.00
3D Rendering & Floor Plans	-	0.00	0.00
Furniture, Fixtures & Equipment (FF&E)	-	0.00	0.00
Project Management & Coordination	-	0.00	0.00

Subtotal: 0.00
Tax ([0]%): 0.00

Total Amount: 0.00 [Currency]

Notes & Instructions:

1. This is a proforma invoice, not a tax invoice. Goods/services will be provided upon receipt of payment.
2. Please include the invoice number as a reference for bank transfers.
3. Bank Details: [Bank Name] | Acc: [Number] | Swift: [Code]