INTERIOR DESIGN STUDIO

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

INVOICE

Invoice #: 0000
Date: [Date]

CLIENT **[Client Name]**
[Client Address]
[City, State, Zip]
PROJECT **[Project Name/Phase]**
Consultation Period: [Start Date] - [End Date]

Description of Services	Hours	Rate	Amount
Initial Site Visit & Spatial Planning	0.0	$0.00	$0.00
Material Sourcing & Mood Board Development	0.0	$0.00	$0.00
Technical Drawings & Floor Plans	0.0	$0.00	$0.00
Procurement & Vendor Coordination	0.0	$0.00	$0.00

Subtotal: $0.00
Tax (0%): $0.00
TOTAL DUE: $0.00

PAYMENT TERMS

Please make checks payable to [Business Name]. Payment is due within 15 days of invoice date. Thank you for your business.