[STUDIO NAME]

[Your Name]
[Street Address]
[City, State, Zip]
[Email / Phone]

INVOICE

No: #000
Date: [Date]
Due: [Date]

CLIENT

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

PROJECT

[Project Name/Reference]
[Consultation Phase]

Description	Hours/Qty	Rate	Amount
Initial On-site Consultation	0.0	$0.00	$0.00
Space Planning & Mood Board Development	0.0	$0.00	$0.00
Material & Finish Sourcing	0.0	$0.00	$0.00

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

Total Due: $0.00

PAYMENT INSTRUCTIONS

Please make checks payable to **[Your Name/Business]** or pay via [Electronic Payment Method]. Payment is due within [Number] days of invoice date.

Thank you for the opportunity to design your space.