INVOICE

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

Invoice #: [000]
Date: [Date]
Due Date: [Date]

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

Description	Quantity/Hours	Rate	Amount
Initial Interior Design Consultation (On-site)	[1]	$[0.00]	$[0.00]
Travel Fee / Site Survey	[-]	$[0.00]	$[0.00]
Preliminary Mood Board / Concept Development	[-]	$[0.00]	$[0.00]

Subtotal: $[0.00]
Tax: $[0.00]
Total: $[0.00]

Payment Instructions:
Please make checks payable to [Your Name/Studio] or pay via [Bank Transfer Details/Link].

Notes: All consultation fees are non-refundable and due prior to or at the time of service unless otherwise agreed.