[Studio Name]

[Address Line 1]
[City, State, Zip]
[Email/Phone]

INVOICE

DATE: [00/00/0000]
INVOICE #: [0001]

Client:

[Client Name]
[Project Address]
[Contact Detail]

Project Reference:

[Project Name/Lighting Plan ID]

SERVICE/ITEM DESCRIPTION	QUANTITY/HRS	RATE	AMOUNT
Initial Site Lighting Assessment	[0]	$[0.00]	$[0.00]
Custom Fixture Specification & Sourcing	[0]	$[0.00]	$[0.00]
Electrical & Switching Plan Layout	[0]	$[0.00]	$[0.00]
Lumen Calculation & Mood Boarding	[0]	$[0.00]	$[0.00]

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

Terms & Instructions:

Payment due within [Number] days. Please make checks payable to [Studio Name] or use the following bank details: [Bank Info]. Thank you for your business.