INVOICE

[STUDIO NAME]

Invoice #: [0000]
Date: [Date]

CONSULTANT

[Your Name / Business]
[Address Line 1]
[Email / Phone]

CLIENT

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

Description of Service	Hours/Qty	Rate	Amount
Initial Site Visit & Remodel Consultation	[0.0]	$[0.00]	$[0.00]
Conceptual Floor Plan & Mood Board	[0.0]	$[0.00]	$[0.00]
Material Selection & Sourcing	[0.0]	$[0.00]	$[0.00]

Subtotal $[0.00]
Tax $[0.00]
TOTAL DUE $[0.00]

NOTES & PAYMENT INSTRUCTIONS

Please make checks payable to [Business Name]. For bank transfers, use [Account Details]. Payment is due within [15] days of invoice date.