INTERIOR DESIGN

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

INVOICE

Date: _____
Invoice #: _____
Project: Onsite Consultation

Bill To:

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

Description of Services	Rate	Hours/Qty	Total
Onsite Consultation & Property Walkthrough	$		$
Travel Fee / Zone Charge	$		$
Measurement & Initial Floor Plan Sketching	$		$

Subtotal: $_____
Tax: $_____

Amount Due: $_____

Payment Instructions:
Please make checks payable to [Business Name]. Payment is due within [X] days of receipt.

Thank you for the opportunity to design your space.