INVOICE

Design Studio Name

Invoice #: _____

Date: _____

DESIGN CONSULTANT

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

CLIENT / PROJECT

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

Description	Rate	Hours	Amount
Initial On-site Consultation	$		$
Space Planning & Measurements	$		$
Material & Color Palette Selection	$		$
Travel / Administrative Fee	$	-	$

Subtotal: $ _____

Tax (___%): $ _____
TOTAL DUE: $ _____

PAYMENT TERMS

Please make checks payable to **[Design Studio Name]**.
Payment is due within [15] days of invoice date.

Thank you for your business.