INVOICE

Consultant: [Business Name / Name]
[Address Line 1]
[City, State, Zip]
[Email / Phone]

Invoice #: [00000]
Date: [Date]
Due Date: [Date]

Client / Studio:
[Client Name]
[Project Address]
[Contact Email]
Project Reference:
[e.g., Studio A Room Calibration / Bass Trap Installation]

Description of Services / Materials	Qty/Hrs	Rate	Amount
Initial Site Visit & Acoustic Measurement (RT60/SPL)			
3D Acoustic Modeling & Room Simulation			
Custom Diffusion/Absorption Panel Specification			
Post-Treatment Verification & Calibration			

Subtotal: $0.00
Tax: $0.00

Total Due: $0.00

Payment Instructions:
Please make checks payable to [Business Name] or pay via [Bank Transfer Details].

Thank you for your business.