[BUSINESS NAME]

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

INVOICE

Invoice #: [000]
Date: [Date]
Due Date: [Date]

BILL TO

[Client Name]
[Client Address]
[Client Email]

PROJECT

[Project Name/Phase]
[Location]

Description	Quantity/Hours	Rate	Amount
Initial Design Consultation & Site Survey	[0.0]	$[0.00]	$[0.00]
3D Rendering & Space Planning	[0.0]	$[0.00]	$[0.00]
FF&E Specification (Furniture, Fixtures, Equipment)	[0.0]	$[0.00]	$[0.00]

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

Payment Instructions: [Bank Name / Account Number / Transfer Details]

Terms: Please make payment within 15 days of receiving this invoice. Thank you for your business.