INVOICE

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

Invoice #: [0000]
Date: [Date]
Due Date: [Date]

CLIENT:

[Client Name / Hotel Brand]
[Project Name]
[Billing Address]
[Attention: Project Manager]

PROJECT DETAILS:

Phase: [Concept/FF&E/CA]
Property Code: [0000]
PO #: [Reference Number]

DESCRIPTION OF SERVICES / FF&E SPECIFICATIONS	QUANTITY/HOURS	RATE/UNIT PRICE	AMOUNT
[Design Consultation / Space Planning - Lobby Area]	[0.00]	$[0.00]	$[0.00]
[FF&E Specification & Procurement Coordination]	[0.00]	$[0.00]	$[0.00]
[On-site Installation Supervision / Site Visit]	[0.00]	$[0.00]	$[0.00]

DESCRIPTION OF SERVICES / FF&E SPECIFICATIONS	QUANTITY/HOURS	RATE/UNIT PRICE	AMOUNT
[Reimbursable Expenses: Travel / Material Samples]	[1]	$[0.00]	$[0.00]

Subtotal: $[0.00]
Tax: $[0.00]

TOTAL DUE: $[0.00]

Payment Instructions:
Please make checks payable to [Studio Name] or transfer via [Bank Details].
Terms: Net [30] days. Late payments may be subject to a [0]% monthly fee.

Thank you for the opportunity to design your hospitality experience.