INVOICE

[Business Name]
[Address Line 1]
[Email / Phone]

Invoice #: [000]
Date: [MM/DD/YYYY]
Due Date: [MM/DD/YYYY]

CLIENT

[Client Name]
[Client Address]
[Client Project Reference]

CONSULTANT

[Designer Name]
[Tax ID / License Number]
[Payment Method Info]

SERVICE DESCRIPTION	HOURS	RATE	AMOUNT
Initial Site Consultation & Measurements	0.00	$0.00	$0.00
Sourcing, Mood Boards & Material Selection	0.00	$0.00	$0.00
CAD Drafting & Space Planning	0.00	$0.00	$0.00
Project Management & Vendor Coordination	0.00	$0.00	$0.00

Subtotal: $0.00
Tax: $0.00

Total Due: $0.00

Notes: Hourly logs are available upon request. Late payments may be subject to a fee. Thank you for your business.