INTERIOR DESIGN STUDIO

123 Design Lane, Suite 100
City, State, Zip

INVOICE

#INV-001
Date: [Date]

CLIENT

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

PROJECT

[Project Name/Reference]
Consultation Phase

Description	Rate/Hr	Hours/Qty	Amount
Initial On-site Consultation & Space Assessment	$0.00	0	$0.00
Color Palette & Material Selection	$0.00	0	$0.00
Furniture Layout & Floor Planning	$0.00	0	$0.00

Subtotal: $0.00

Tax (0%): $0.00

Total Due: $0.00

Payment Terms: Due within 15 days of invoice date.

Please make checks payable to [Studio Name] or pay via bank transfer to [Bank Details].

Thank you for your business!