[BUSINESS NAME]
INTERIOR DESIGN & CONSULTING

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

FROM

[Your Name / Company]
[Address Line 1]
[City, State, Zip]
[Email / Phone]

BILL TO

[Client Name]
[Project Title / Address]
[City, State, Zip]
[Client Email]

Service Description	Hours/Qty	Rate	Amount
Initial Design Consultation & Site Visit	[0]	$0.00	$0.00
Concept Development & Mood Boarding	[0]	$0.00	$0.00
3D Rendering & Floor Planning	[0]	$0.00	$0.00
Materials Sourcing & Procurement	[0]	$0.00	$0.00

Subtotal:
$0.00

Tax:
$0.00

Total:
$0.00

Payment Terms: Please make checks payable to [Business Name] or pay via [Payment Method].
Note: Thank you for your business. It is a pleasure working on your space.