INTERIOR DESIGN STUDIO

123 Design Avenue
New York, NY 10001
contact@designstudio.com

INVOICE

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

BILL TO:

[Client Name]
[Client Address]
[City, State, Zip]
[Client Email]

PROJECT:

[Project Name/ID]
[Phase: e.g., Concept Design]

DESCRIPTION OF SERVICES / MATERIALS	RATE/UNIT	QTY	TOTAL
[Consultation Hours / Service Title]	$0.00	0	$0.00
[Sourcing & Procurement Fee]	$0.00	0	$0.00
[Travel / Incidentals]	$0.00	0	$0.00

Subtotal: $0.00
Tax (0%): $0.00

Balance Due: $0.00

PAYMENT TERMS & NOTES:

Please make checks payable to "Interior Design Studio". For bank transfers, please use Account: [Account Number] Sort Code: [Sort Code]. Payment is due within 15 days of invoice date.

Thank you for your business.