INTERIOR ARCHITECTURE STUDIO
Street Address, City
State, Zip Code

INVOICE

Date: [00/00/0000]
Invoice #: [0000]

CLIENT
[Client Name]
[Project Address / Site]
[City, State, Zip]
PROJECT DETAILS
Project: [Project Name]
Phase: [e.g., Design Development]
Contract Ref: [Contract ID]

PHASE / TASK DESCRIPTION	FEE TYPE	% COMPLETE	AMOUNT
Phase 1: Programming & Schematic Design Space planning, concept boards, and initial layouts.	Fixed Fee	100%	$0.00
Phase 2: Design Development Material selection, custom millwork drawings, and lighting plans.	Fixed Fee	[0]%	$0.00
Phase 3: Construction Documentation Technical specifications and detailed architectural sets.	Hourly	-	$0.00

PHASE / TASK DESCRIPTION	FEE TYPE	% COMPLETE	AMOUNT
Reimbursable Expenses Printing, site travel, and 3D rendering costs.	At Cost	-	$0.00

Subtotal $0.00
Tax (if applicable) $0.00
TOTAL DUE $0.00

PAYMENT INSTRUCTIONS

Terms: Net 30 Days. Please make checks payable to "Interior Architecture Studio".

Bank Transfer: [Bank Name] | Account: [00000000] | Routing: [000000000]