[BUSINESS NAME]

[Street Address]
[City, State, Zip]
[Email/Phone]

INVOICE

[0000]
Date: [MM/DD/YYYY]

BILL TO

[Client Name]
[Property Address]
[Client Phone/Email]

CONSULTATION SITE

[Project/Property Address]
[Agent Name, if applicable]

DESCRIPTION OF SERVICES	QTY/HRS	RATE	AMOUNT
Initial Home Staging Consultation (Walk-through)	[0]	$[0.00]	$[0.00]
Room-by-Room Written Recommendation Report	[0]	$[0.00]	$[0.00]
Additional Design/Sourcing Hours	[0]	$[0.00]	$[0.00]

Subtotal $[0.00]
Tax $[0.00]
Total $[0.00]

NOTES & PAYMENT TERMS

Please make checks payable to **[Business Name]**. Payment is due within [00] days. Thank you for the opportunity to help prepare your home for the market.