INVOICE

Date: _____
No: #_____

[Company Name]
[Address Line 1]
[Phone / Email]

CLIENT / PROPERTY ADDRESS

[Client Name]
[Staging Property Address]
[City, State, Zip]

PAYMENT TERMS

Due Date: _____
Late Fee: _____

Service Description	Hours	Hourly Rate	Total
Initial Consultation & Planning		$	$
On-Site Staging & Furniture Arrangement		$	$
De-Staging & Packing		$	$
Administrative / Inventory Sourcing		$	$

Subtotal: $_____

Tax: $_____

Grand Total: $_____

NOTES & PAYMENT INSTRUCTIONS

Please make checks payable to **[Company Name]** or pay via [Payment Method].
Thank you for your business!