

STUDIO NAME / INTERIOR DESIGN

INVOICE
#00001
Date: [Date]
Due Date: [Date]

FROM

[Your Company Name]
[Your Address]
[Phone / Email]
BILL TO

[Client Name]
[Property Address]
[Client Contact]

DESCRIPTION	QTY/HOURS	RATE	TOTAL
Initial Design Consultation	1	\$0.00	\$0.00
Home Staging Rental (Monthly)	1	\$0.00	\$0.00
Installation & Styling Fee	1	\$0.00	\$0.00
Furniture Pickup/De-staging	1	\$0.00	\$0.00

Subtotal \$0.00
Tax (0%) \$0.00
Total \$0.00

NOTES & PAYMENT INSTRUCTIONS

Please include invoice number with your payment. Payment via wire transfer or check accepted. Furniture remains the property of [Your Company Name] until contract termination.