[COMPANY NAME]

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

INVOICE NUMBER
#0000

DATE
[Date]

CLIENT / BILL TO

[Client Name]
[Company Name]
[Billing Address]
[Email]

STAGED PROPERTY ADDRESS

[Property Address]
[City, State, Zip]

STAGING PERIOD: [Start Date] - [End Date]

Description of Services	Qty / Months	Rate	Amount
Initial Design Consultation & Site Measurement	1	$0.00	$0.00
Vacant Staging Setup (Labor, Transport, Design)	1	$0.00	$0.00
Furniture & Decor Rental (Initial Period)	[#]	$0.00	$0.00
De-staging & Removal Fee	1	$0.00	$0.00

Subtotal: $0.00

Tax: $0.00

Total Due: $0.00

Terms: Payment is due upon receipt. A late fee may apply to balances unpaid after 15 days.

Notes: Rental includes all major furniture and accessories for Living Room, Dining Room, Kitchen, and Primary Suite unless otherwise specified.