

**STUDIO NAME**

Street Address

City, State, Zip

**INVOICE**

# 0000

Date: MM/DD/YYYY

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CLIENT

Client Name

Project Location / Name

Email Address

PHASE

Conceptual Design Phase

DUE DATE

MM/DD/YYYY

**DESCRIPTION OF DELIVERABLES**

**QUANTITY/HRS RATE AMOUNT**

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<b>Mood Board &amp; Color Palette Development</b>	-	-	\$0.00
Initial visual direction and material textures.			

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<b>Space Planning &amp; Schematic Layouts</b>	-	-	\$0.00
Preliminary floor plans and flow analysis.			

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<b>Conceptual 3D Visualizations</b>	-	-	\$0.00
Rough massing and spatial volumes.			

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<b>Material &amp; Finish Research</b>	-	-	\$0.00
Sourcing initial samples and specifications.			

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Subtotal \$0.00

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

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PAYMENT INSTRUCTIONS

Bank Name | Account Name | Account Number | Routing Number

*Thank you for the opportunity to design your space.*