

INVOICE

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

Invoice #: [000]
Date: [Date]
Project: [Project Name]

Client:

[Client Name]
[Client Address]
[Client City, State]

Project Completion:

[Completion Date]
[Phase: Final Installation]

DESCRIPTION	QUANTITY/HOURS	RATE	TOTAL
Design Consulting & Project Management (Final Phase)	[0.00]	[\$[0.00]]	[\$[0.00]]
Furniture, Fixtures & Equipment (FF&E)	[1]	[\$[0.00]]	[\$[0.00]]
Contractor Liaison & Site Supervision	[0.00]	[\$[0.00]]	[\$[0.00]]

DESCRIPTION	QUANTITY/HOURS	RATE	TOTAL
Delivery & Installation Fees	[1]	[\$[0.00]]	[\$[0.00]]

Subtotal: \$[0.00]

Tax: \$[0.00]

Less Deposit Paid: (\$[0.00])

Balance Due: \$[0.00]

Notes: Final project sign-off and warranties attached. Please make payment within 15 days.

Payment Method: [Bank Name] | [Account Number] | [Routing Number]