

# STUDIO NAME

INTERIOR ARCHITECTURE & DESIGN

**Invoice No:** [000]

**Date:** [Date]

**Project:** [Project Name/ID]

**FROM**

[Company Name]  
[Street Address]  
[City, State, Zip]  
[Email/Phone]

**BILL TO**

[Client Name]  
[Street Address]  
[City, State, Zip]  
[Email/Phone]

MILESTONE PHASE / DESCRIPTION	RATE/FEE	AMOUNT
<b>[e.g., Phase 1: Concept Design]</b> Mood boards, floor plans, and initial material selection.	[0.00]	[0.00]
<b>[e.g., Phase 2: Design Development]</b> 3D renderings, elevations, and detailed FF&E schedules.	[0.00]	[0.00]
<b>Reimbursable Expenses</b> Site travel, printing, and samples.	[0.00]	[0.00]

Subtotal \$[0.00]  
Tax ([0]%) \$[0.00]  
Total Due \$[0.00]

**Payment Terms:** Due within [X] days. Please include invoice number with payment.

**Bank Details:** [Bank Name] | [Account Number] | [Routing Number]