

[BUSINESS NAME]

[Address Line 1]
[City, State, Zip]
[Email / Phone]

INVOICE

Invoice #: _____

Date: _____

Project ID: _____

Client:

[Client Name / Company]
[Attention To]
[Billing Address]

Project Location:

[Commercial Site Name]
[Site Address]

Description of Services / Goods	Qty/Hrs	Rate/Unit Price	Total
Design Consultation & Space Planning			
Procurement: Furniture & Fixtures			

Description of Services / Goods	Qty/Hrs	Rate/Unit Price	Total
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Contractor Coordination & On-site Styling

Shipping, Handling & Delivery Fees

Subtotal: \$ _____
 Tax: \$ _____
 Amount Due: \$ _____

Terms: Net [30] days. Please make checks payable to [Business Name].

Notes: [Space for specific project milestones or deposit deductions]