

[STUDIO NAME]

[Street Address]

[City, State, Zip]

[Email/Phone]

# INVOICE

Date: [Date]

Invoice #: [0000]

Project: [Project Name]

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CLIENT

[Client Name]

[Client Address]

[Client Phone]

PAYMENT TERMS

[Net 30 / Due on Receipt]

Due Date: [Date]

DESCRIPTION OF SERVICES	RATE	HOURS/QTY	TOTAL
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[Service Title: e.g., Initial Consultation & Floor Planning]	\$0.00	0	\$0.00
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[Service Title: e.g., Sourcing & Material Selection]	\$0.00	0	\$0.00
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[Service Title: e.g., Project Oversight & Installation]	\$0.00	0	\$0.00
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Subtotal: \$0.00

Tax: \$0.00

**Balance Due: \$0.00**

NOTES & INSTRUCTIONS

[Payment methods accepted: Wire Transfer, Check, or Credit Card. Please include invoice number on all payments.]

Thank you for your business.