

STUDIO NAME

INVOICE NO: _____
DATE: _____

FROM

Lead Designer Name
123 Design District
New York, NY 10001
contact@studio.com

BILL TO

Client Name
Residence Address
Project: Project Title/Phase

DESCRIPTION / SELECTION	QTY/HRS	RATE	AMOUNT
Design Consultation & Concept Development	-	-	-
Furniture Procurement & Bespoke Sourcing	-	-	-
Project Management & Site Supervision	-	-	-
Subtotal		\$0.00	
Tax		\$0.00	
Total Due		\$0.00	

TERMS: NET 15. PLEASE MAKE CHECKS PAYABLE TO STUDIO NAME.

THANK YOU FOR THE OPPORTUNITY TO DESIGN YOUR SPACE.