

# INVOICE

## Interior Design Studio Name

123 Design Street  
Creative District, NY 10001

**Invoice #:** [000]

**Date:** [Month Day, Year]

**Due Date:** [Month Day, Year]

## BILL TO:

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

## PROJECT:

[Project Name/Address]

DESCRIPTION	RATE / UNIT PRICE	QTY / HOURS	TOTAL
Design Consultation & Concept Development	\$0.00	0.0	\$0.00
FF&E Sourcing (Furniture, Fixtures, & Equipment)	\$0.00	0.0	\$0.00
Project Management & Site Visits	\$0.00	0.0	\$0.00

DESCRIPTION	RATE / UNIT PRICE	QTY / HOURS	TOTAL
Custom Window Treatments / Installation	\$0.00	0.0	\$0.00

Subtotal: \$0.00

Sales Tax (0%): \$0.00

**Amount Due: \$0.00**

**Payment Instructions:**

Please make checks payable to [Studio Name] or transfer via [Bank Info/Method].

Thank you for choosing us to design your space.