

INVOICE

Project Management Services

Invoice Number [INV-001]

Date [Date]

Due Date [Date]

From [Decorator Name/Studio]

[Address Line 1]

[City, State, Zip]

[Email/Phone]

Bill To [Client Name]

[Project Address]

[City, State, Zip]

[Project Reference ID]

DESCRIPTION	QTY/HRS	RATE	AMOUNT
Design Consultation & Planning Initial spatial planning and mood boards	[0.0]	[\$0.00]	[\$0.00]
Procurement & Vendor Coordination Ordering, tracking, and delivery logistics	[0.0]	[\$0.00]	[\$0.00]
On-site Project Management Contractor supervision and site visits	[0.0]	[\$0.00]	[\$0.00]
Materials & FF&E Furniture, Fixtures, and Equipment (Reimbursable)	[1]	[\$0.00]	[\$0.00]

Subtotal: \$[0.00]

Tax ([0]%) : \$[0.00]

Total Due: \$[0.00]

Notes & Payment Instructions

Please include invoice number with your payment. Remittance accepted via [Wire/Check/Credit]. Thank you for the opportunity to design your space.