

[STUDIO NAME]

[Street Address]
[City, State, Zip]
[Phone/Email]

INVOICE

No: # _____
Date: _____

CLIENT / PROJECT LOCATION

[Client Name]
[Project Address]
[Phone Number]

PROJECT DETAILS

Project: [e.g., Kitchen Renovation]
Phase: [e.g., Schematic Design]

Description	Rate/Unit	Qty/Hrs	Amount
Design Fees: [Description of Consultation/Drafting]	\$		\$
Procurement: [Furniture, Fixtures, & Equipment]	\$		\$
Project Management: [Site Visits & Contractor Coordination]	\$		\$

Description	Rate/Unit	Qty/Hrs	Amount
Reimbursable Expenses: [Shipping, Samples, Travel]	\$		\$

Subtotal: \$ _____
Tax/Markup: \$ _____
Deposit Paid: (\$ _____)
Total Due: \$ _____

PAYMENT INSTRUCTIONS

Terms: Due within [Number] days. Please make checks payable to **[Studio Name]**.
For Bank Transfers: [Bank Name] | Acc: [Number] | Routing: [Number]

Thank you for choosing [Studio Name] for your renovation.