

[STUDIO NAME]

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

INVOICE

[Invoice Number]
Date: [Date]
Due Date: [Date]

BILL TO:

[Client Name]
[Project Name/Address]
[Client Contact]

DESCRIPTION OF SERVICE / ITEMS	QTY/HRS	RATE	AMOUNT
[Consultation / Design Phase Name]	-	\$0.00	\$0.00
[Furniture Sourcing / Custom Pieces]	-	\$0.00	\$0.00
[Project Management Fees]	-	\$0.00	\$0.00

Subtotal: \$0.00
Tax: \$0.00
Total: \$0.00

Payment Terms: [Net 15 / Net 30]

Notes: Thank you for your business. Please make checks payable to [Studio Name] or via bank transfer to [Account Details].