

# INTERIOR DESIGN STUDIO

123 Design Avenue  
New York, NY 10001  
contact@studio.com

## INVOICE

Date: \_\_\_\_\_  
Invoice #: \_\_\_\_\_

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### BILL TO:

Client Name  
Street Address  
City, State, Zip

### PROJECT:

Residential Renovation  
Phase: \_\_\_\_\_

DESCRIPTION	HOURS/QTY	RATE	AMOUNT
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Design Consultation & Concept Development			
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Floor Plans & 3D Visualization			
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**DESCRIPTION**

**HOURS/QTY RATE**

**AMOUNT**

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Furniture & Finishes Sourcing

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Project Management & Site Visits

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Subtotal: \_\_\_\_\_

Tax (\_\_\_\_%): \_\_\_\_\_

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**Total Balance: \$** \_\_\_\_\_

**Payment Terms:** Due within 15 days of invoice date.

**Bank Details:** Bank Name | Account: 00000000 | Routing: 00000000

Thank you for your business.