

[BUSINESS NAME]

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

INVOICE

Invoice #: [000]
Date: [Date]
Due Date: [Date]

CLIENT INFORMATION [Client Name]

[Client Address]
[City, State, Zip]
[Project Reference]

PROJECT DETAILS **Project:** [Project Title/Phase]

Designer: [Name]

Terms: [e.g., Net 30]

| DESCRIPTION (SERVICES / SOURCING) | QTY/HRS | RATE | AMOUNT |
|---|---------|--------|--------|
| [Design Consultation / Concept Development] | [0.0] | \$0.00 | \$0.00 |
| [Furniture, Fixtures & Equipment Sourcing] | [0.0] | \$0.00 | \$0.00 |
| [Project Management & Site Visits] | [0.0] | \$0.00 | \$0.00 |

Subtotal: \$0.00
Tax: \$0.00
TOTAL: \$0.00

PAYMENT INSTRUCTIONS

Please make checks payable to **[Business Name]**. For bank transfers, use: **[Account Details]**. Thank you for your business.