

This invoice template may be adjusted for space as needed but all information must be presented in this order. All items marked with * are required.

INVOICE TEMPLATE

Date: _____
 INVOICE #: _____

Student Designer Name
 City, State, Zip Code

Client
 Info:

[Name]
 [City, State, Zip Code]

QUANTITY*	ITEM NAME*	ITEM DESCRIPTION*	LOCATION*	UNIT PRICE*	TOTAL PRICE*
Billable Hours					
				\$	\$
				\$	\$
Furnishings/Fixtures (five required)					
				\$	\$
				\$	\$
				\$	\$
				\$	\$
Floor Treatment					
				\$	\$
		Installation costs not included			
		Shipping & Handling may apply			
		Payment due upon receipt			
				Floor Treatment *	\$
				Furnishings/Fixtures*	\$
				Billable Hours*	\$
				Subtotal*	\$
				Sales Tax ____%	\$
				Total*	\$

Thank you for your business!