|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 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!