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