

# Invoice

## Schematic Design Development

**From:**  
ABC Design Studio  
123 Main St.  
City, State ZIP  
Email: info@abcdesign.com

**To:**  
Client Name  
Client Company  
456 Client Ave.  
City, State ZIP

**Invoice Number:** 2024-001

**Date:** June 6, 2024

**Due Date:** June 20, 2024

Description	Quantity	Unit Price	Total
Schematic Design Development	1	\$5,000.00	\$5,000.00

**Subtotal:** \$5,000.00

**Tax (0%):** \$0.00

**Total Due:** \$5,000.00

### Payment Information

Please make payment to:

Bank: Example Bank

Account Name: ABC Design Studio

Account Number: 123456789

SWIFT: EXAMPLEDX

### Comments or Special Instructions