

Interior Design Service Invoice

Company Details

Company Name: <input type="text"/>	Invoice #: <input type="text"/>
Address: <input type="text"/>	Date: <input type="text"/>
Phone: <input type="text"/>	Due Date: <input type="text"/>
Email: <input type="text"/>	

Bill To

Client Name: <input type="text"/>
Client Address: <input type="text"/>
Client Phone: <input type="text"/>
Client Email: <input type="text"/>

Service Details

Description	Hours	Rate	Amount
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total			<input type="text"/>

Notes

<input type="text"/>

Thank you for your business!