

INVOICE

[Your Agency Name]
[Street Address]
[City, State, Zip]
[Email/Phone]

INVOICE #
[0000]
DATE
[MM/DD/YYYY]

BILL TO:

[Client Name]
[Client Organization]
[Client Address]

PROJECT DETAILS:

Source Language: [Language]
Target Language: [Language]
PO Number: [Reference]

Description of Services	Units (Words/Pages)	Rate	Amount
Certified Translation: [Document Name]	[0,000]	[\$0.00]	[\$0.00]
Notarization / Certification Fee	1	[\$0.00]	[\$0.00]
Expedited Delivery Surcharge	-	-	[\$0.00]

Subtotal: \$0.00
Tax: \$0.00
Total Amount: \$0.00

PAYMENT INFORMATION:

Bank: [Bank Name]

SWIFT/BIC: [Code]

Account: [Number]

PayPal: [Email]

This invoice pertains to professional translation services performed by a certified translator. All translated documents are accompanied by a signed Certificate of Accuracy as per industry standards.