

**[Translator/Agency Name]**

[Address Line 1]

[City, State, Zip]

[Email/Phone]

# INVOICE

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**BILL TO:**

[Client Name / Law Firm]

[Department/Attn]

[Address Line 1]

**Invoice #:** [00000]

**Date:** [Date]

**Due Date:** [Date]

Patent Ref / Application #	Service Description	Language Pair	Volume (Words)	Rate	Total
[Ref No.]	Translation (Claims/Spec)	[Source] to [Target]	0,000	\$0.00	\$0.00
[Ref No.]	Technical Review / Proofing	-	0,000	\$0.00	\$0.00

Subtotal: \$0.00

Tax (if applicable): \$0.00

**Grand Total: \$0.00**

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**Payment Instructions:**

Bank: [Bank Name] | Account: [Number] | SWIFT/IBAN: [Code]

*Please include Invoice Number with payment. Thank you for your business.*