

[AGENCY NAME]

[Street Address]
[City, State, Zip]
[Email / Phone]

INVOICE

Invoice #: [00000]
Date: [MM/DD/YYYY]
Due Date: [MM/DD/YYYY]

BILL TO

[Client Name / Company]
[Contact Name]
[Address]
[Email]

PROJECT REFERENCE

PO Number: [Reference #]
Project Name: [Description]

Service Description (Source > Target)	Quantity / Words	Rate	Amount
Translation & Editing - [Language Pair]	[0,000]	[0.00]	[0.00]
Proofreading / QA	[0,000]	[0.00]	[0.00]
Desktop Publishing (DTP)	[0] Hours	[0.00]	[0.00]

Subtotal: [0.00]
Tax/VAT ([0] %): [0.00]

Total Amount Due: [Currency] [0.00]

PAYMENT INSTRUCTIONS

Bank Name: [Name]

Account Holder: [Name]

IBAN / Account #: [Number]

SWIFT / BIC: [Code]

Thank you for your business.