INVOICE

Agreement ID: _____

[Service Provider Name]

[Address Line 1]
[Address Line 2]
[Tax ID/VAT]

BILL TO:

[Client Name]
[Company Name]
[Client Address]
[Client Email]

Invoice Date: _____

Due Date: _____

Invoice #: _____

Description of Service	Language Pair	Quantity (Words/Hours)	Rate	Total
[Project Name/Document Title]	[Source] to [Target]	[0,000]	[0.00]	[0.00]
Revision / Proofreading	-	[0,000]	[0.00]	[0.00]
DTP / Formatting	-	[0]	[0.00]	[0.00]

Subtotal: $0.00

Tax ([0]%): $0.00

GRAND TOTAL: $0.00

Payment Instructions:

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

Terms: Payment due within [30] days as per Agreement terms.