INVOICE

Agreement Ref: _____

[Service Provider Name]
[Street Address]
[City, State, Zip]
[Email/Phone]

BILL TO

[Client Name]
[Company Name]
[Address]
[Tax ID/VAT if applicable]

INVOICE DETAILS

Invoice #: _____
Date: _____
Due Date: _____

Description of Translation Services	Source/Target	Quantity/Units	Rate	Amount
[Document Title / Project Name]	[Language Pair]	[Word Count/Hours]	[Price per Unit]	$0.00
Proofreading / Editing	[Language]	[Word Count/Hours]	[Price per Unit]	$0.00
Formatting / DTP	-	[Hours]	[Price per Unit]	$0.00

Subtotal: $0.00

Tax / VAT (____%): $0.00

Total Amount Due: $0.00

Payment Terms & Instructions:
Please include Invoice # in payment reference.
Bank Name: [Name] | SWIFT/BIC: [Code] | IBAN/Account: [Number]
Terms: Net [30] days from invoice date as per Service Agreement.