INVOICE

Agreement ID: _____
Date: _____

Service Provider:
[Name/Company]
[Address]
[Tax ID/VAT]

CLIENT INFORMATION

[Client Name]
[Organization]
[Address]
[Contact Email/Phone]

ASSIGNMENT DETAILS

Language Pair: _____ to _____
Mode: [Simultaneous / Consecutive / RSI]
Venue: _____

Date of Service	Description of Services	Duration/Units	Rate	Amount
	Travel / Expenses (if applicable)			

Subtotal: $ _____
Tax: $ _____

Total Due: $ _____

PAYMENT INSTRUCTIONS

Bank Name: _____
Account Name: _____
SWIFT/BIC: _____

IBAN/Account #: _____
Due Date: _____

Terms as per Interpretation Service Agreement dated _____.