INVOICE

Legal Translation Services

INVOICE NUMBER

[0000]

DATE

[Month Day, Year]

SERVICE PROVIDER **[Your Name/Company Name]**
[Tax ID / Business Registration]
[Address Line 1]
[City, State, Zip]
[Email/Phone]

BILL TO **[Client Name/Law Firm]**
[Case Reference/Matter Number]
[Address Line 1]
[City, State, Zip]
[Contact Email]

Description of Legal Documents	Source/Target Language	Quantity/Words	Rate	Amount
[Document Title/Agreement Name]	[Source] to [Target]	[0,000]	[0.00]	[0.00]
[Document Title/Affidavit]	[Source] to [Target]	[0,000]	[0.00]	[0.00]
Certification / Notarization Fee	-	1	[0.00]	[0.00]

Subtotal: $[0.00]
Tax/VAT: $[0.00]
Total Due: $[0.00]

PAYMENT INSTRUCTIONS

Bank Name: [Name]
Account Name: [Name]
SWIFT/BIC: [Code]
IBAN/Account #: [Number]

TERMS

Payment terms: Net [30] days.
Confidentiality maintained per Agreement.

Note: This invoice is issued pursuant to the Legal Translation Service Agreement executed on [Date]. All translations have been verified for legal terminology accuracy.