INVOICE

Agreement Ref: [Agreement Number]

Invoice #: [00000]

Date: [MM/DD/YYYY]

SERVICE PROVIDER

[Name/Agency Name]
[Address Line 1]
[City, State, ZIP]
[Email/Phone]

CLIENT

[Company/Client Name]
[Address Line 1]
[City, State, ZIP]
[Contact Person]

Description of Services	Language Pair	Quantity/Units	Rate	Amount
[Translation/Interpreting/Editing]	[Source] to [Target]	[Word Count/Hours]	[0.00]	[0.00]
[Additional Service]	-	[Units]	[0.00]	[0.00]

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

Payment Terms: [e.g., Net 30 Days]

Bank Details / Payment Method: [Bank Name, IBAN/SWIFT, or Payment Link]

Thank you for your business.