INVOICE

Agreement Ref: [Contract Number]

[Service Provider Name]
[Address Line 1]
[Email/Phone]

Client:
[Client Company Name]
[Contact Person]
[Address]

Invoice #: [000]
Date: [YYYY-MM-DD]
Due Date: [YYYY-MM-DD]

Description of Localization Services	Source/Target	Quantity/Words	Rate	Amount
Translation & Adaptation	[EN] to [ES]	0	0.00	0.00
Linguistic Quality Assurance (LQA)	-	0	0.00	0.00
Project Management Fee	-	1	0.00	0.00

Subtotal: $0.00

Tax (0%): $0.00

Total Amount Due: $0.00

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

Terms: Services provided under the Localization Service Agreement dated [Date].