INVOICE

Service Provider: [Name/Agency Name]

[Address Line 1]
[Email / Phone]

Invoice #: [00000]

Date: [MM/DD/YYYY]

Due Date: [MM/DD/YYYY]

BILL TO:

[Client Name]
[Company Name]
[Client Address]

PROJECT REFERENCE:

[Project Title/Agreement ID]
[Source Language] → [Target Language]

Description of Services	Unit Type	Quantity	Rate	Amount
Translation Services: [Document Name]	Words	[0,000]	$[0.00]	$[0.00]
Proofreading / Editing	Hours	[0.0]	$[0.00]	$[0.00]

Description of Services	Unit Type	Quantity	Rate	Amount
Formatting / DTP	Flat Fee	1	$[0.00]	$[0.00]

Subtotal: $0.00
Tax/VAT ([0]%): $0.00

Total Amount: $0.00

Payment Instructions: [Bank Name / PayPal / Transfer Details]

Notes: Thank you for your business. Please contact [Name] regarding any discrepancies in this invoice.