INVOICE

[Linguist Name/Agency Name]
[Address Line 1]
[Email / Phone]

Invoice #: _____
Date: _____
Due Date: _____

CLIENT / BILL TO:

[Client Name]
[Company Name]
[Address]
[Tax ID/VAT if applicable]

PROJECT REFERENCE:

PO Number: _____
Project Name: _____
Language Pair: _____

Description of Services	Quantity / Units	Rate	Amount
Translation Services			
Proofreading / Editing			
Localization / DTP			

Subtotal: $ 0.00
Tax (___%): $ 0.00
TOTAL DUE: $ 0.00

PAYMENT INSTRUCTIONS

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

Services provided per the Translation Service Agreement dated _____. Thank you for your business.