INVOICE

Agreement Reference: ____________

[Provider Name]

[Address Line 1]
[Email/Phone]

BILL TO:

[Client Name]
[Client Address]
[Tax ID/VAT]

Invoice #: ____________

Date: ____________

Due Date: ____________

Service Description (Source > Target)	Unit (Words/Hours)	Rate	Amount
[Project Title / Language Pair]	0	0.00	0.00
[Proofreading / Formatting]	0	0.00	0.00

Subtotal: $0.00

Tax (%): $0.00

Total Balance Due: $0.00

Payment Terms & Notes:

1. Please include invoice number with your payment.
2. Payment via: [Bank Transfer / PayPal / Wire].
3. Services provided as per the Agreement signed on [Date].