INVOICE

#INV-0000

Date: _____/_____/_____
Due Date: _____/_____/_____

Service Provider:
[Company Name / Consultant Name]
[Tax ID / Registration Number]
[Business Address]
[Email/Phone]
Client (Nomad Applicant):
[Full Legal Name]
[Passport Number - Optional]
[Current Residence Address]
[Email Address]

Description of Visa Support Services	Qty	Unit Price	Amount
Digital Nomad Visa Consultation & Strategy	1	0.00	0.00
Document Review & Legal Translation Coordination	1	0.00	0.00
Government Application Fee Reimbursable	1	0.00	0.00
Remote Workspace / Address Proof Certification	1	0.00	0.00

Subtotal: $0.00

Tax (VAT/GST): $0.00

Total Amount Due: $0.00 [Currency]

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

Note: This invoice is issued for professional services rendered in support of a Digital Nomad Visa application.