INVOICE

Certified Translation Services

Invoice #: _____
Date: _____

FROM:
[Provider Name/Agency]
[Street Address]
[City, State, Zip]
[Email/Phone]

BILL TO:
[Client Name]
[Client Address]
[City, State, Zip]
[Project Reference]

Description of Documents	Language Pair	Quantity/Units	Rate	Amount
[Document Title 1]	[Source] to [Target]	[Words/Pages]	$0.00	$0.00
Certification & Notarization Fee	-	1	$0.00	$0.00
[Other Service/Rush Fee]	-	-	$0.00	$0.00

Subtotal: $0.00
Tax: $0.00
Total Due: $0.00

Certification Statement:

I hereby certify that the above mentioned translations are true, complete, and accurate renderings of the original documents provided to the best of my knowledge and ability.

Signature: _____ *Date:* _____

Payment Terms: Net [30] Days. Please make checks payable to [Provider Name].