CORPORATE TRANSLATION SOLUTIONS

123 Business Avenue, Suite 500
New York, NY 10001
contact@corporatetranslations.com

INVOICE

Invoice #: _____
Date: _____
Due Date: _____

BILL TO

[Client Name / Company]
[Street Address]
[City, State, Zip]
[Tax ID / VAT]

PROJECT REFERENCE

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

Description of Services	Quantity / Words	Unit Price	Amount
[Service: e.g. Technical Translation]			
[Service: e.g. Proofreading/Editing]			
[Service: e.g. Desktop Publishing]			

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

PAYMENT INSTRUCTIONS

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

Thank you for your business.