TRANSLATION INVOICE

Invoice #: _____
Date: _____

SERVICE PROVIDER

Name/Agency: _____
Address: _____
Tax ID/VAT: _____
Email: _____

BILL TO

Client: _____
Entity: _____
Address: _____
Project Ref: _____

Document Description (Financial Statements, Audits, etc.)	Source/Target Language	Unit (Words/Hours)	Rate	Amount

Subtotal: _____
Tax/VAT (%): _____
Total Due (Currency): _____

PAYMENT INSTRUCTIONS

Bank Name: _____
SWIFT/BIC: _____
IBAN/Account #: _____
Payment Terms: Net ____ days