INVOICE

[Provider Name]
[Street Address]
[City, Country, Postcode]
[Tax ID/VAT Number]

Invoice #: _____
Date: _____
Due Date: _____

BILL TO:

[Client Company Name]
[Department/Contact]
[Client Address]
[Client Tax ID]

PROJECT REFERENCE:

PO Number: _____
Project Name: _____
Source/Target: _____

Description (Task/Language Pair)	Service Type	Quantity/Word Count	Rate	Amount

Subtotal: _____
Tax/VAT (__%): _____
Total Amount ([Currency]): _____

PAYMENT INSTRUCTIONS:

Bank Name: _____ | SWIFT/BIC: _____ | IBAN/Account: _____
Payment Terms: [e.g., Net 30 Days]