INVOICE

Invoice #: _____
Date: _____

Interpreter / Agency Information

Name: _____
Address: _____
Phone: _____
Email: _____

Bill To

Client Name: _____
Organization: _____
Address: _____
Email: _____

Assignment Details

Location: _____ | Language Pair: _____ |
Reference/PO: _____

Date	Service Description (OPI/VRI/On-site)	Units (Hrs/Min)	Rate	Total
			Travel/Incidental Fees	

Subtotal: $ _____
Tax: $ _____

Total Amount Due: $ _____

Payment Instructions

Payment Due Date: _____
Bank/Check/Transfer Info: _____