INVOICE

[Agency/Translator Name]
[Address Line 1]
[Email / Phone]

Invoice #: _____

Date: _____

Due Date: _____

CLIENT

[Client Name / Company]
[Address Line 1]
[City, State, Zip]

PROJECT DETAILS

Source Language: _____
Target Language: _____
Certification Type: _____

Description of Documents	Unit (Words/Pages)	Rate	Amount
[Document Name/Type]			
Certification & Notarization Fee	-		
Expedited Processing Fee	-		

Subtotal: $ _____
Tax: $ _____
Total Amount: $ _____

Payment Instructions: [Bank Wire / PayPal / Check Info]

Notes: This invoice covers professional translation and certification services. All translations are performed by certified linguists.