[Your Agency/Name]
[Street Address]
[City, State, Zip]
[Email/Phone]

INVOICE

Invoice #: [0000]
Date: [Date]

BILL TO: **[Client Company Name]**
[Department/Contact Person]
[Street Address]
[City, State, Zip]
PROJECT DETAILS: Project Reference: [PO Number/Project ID]
Language Pair: [Source] to [Target]
Due Date: [Payment Terms]

Service Description	Quantity/Unit	Rate	Amount
[Translation/Interpretation/Localization Service]	[Words/Hours]	[0.00]	[0.00]
[Proofreading/Editing]	[Words/Hours]	[0.00]	[0.00]
[Project Management/Surcharge]	[1]	[0.00]	[0.00]

Subtotal: [0.00]
Tax/VAT ([%]): [0.00]
Total Amount: [Currency] [0.00]

PAYMENT INSTRUCTIONS: Bank Name: [Name]
SWIFT/BIC: [Code]
IBAN/Account #: [Number]

Thank you for your business.