INVOICE

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

Invoice #: _____
Date: _____
Due Date: _____

BILL TO:

[Client Name / Law Firm]
[Contact Person]
[Address Line 1]
[City, State, Zip]

PROJECT DETAILS:

Case/Ref #: _____
Source Language: _____
Target Language: _____

Description of Legal Document(s)	Quantity (Words/Hours)	Rate	Amount
[e.g., Translation of Sworn Affidavit]			
[e.g., Legal Certification/Notarization Fee]			
[e.g., Expedited Delivery Surcharge]			

Subtotal: $ _____
Tax/VAT: $ _____
Total Amount Due: $ _____

PAYMENT INSTRUCTIONS:

Bank Name: _____ | Account #: _____ | Swift/BIC: _____

Note: This document serves as an official invoice for legal translation services rendered. Please include the invoice number with your payment.