INVOICE

Literary Translation Services

Invoice #: _____

Date: _____

FROM (Translator):

Name: _____
Address: _____
Email: _____
Tax ID: _____

BILL TO (Publisher/Author):

Contact: _____
Company: _____
Address: _____
Project Ref: _____

Description (Title / Chapter / Manuscript)	Metric (Words/Pages)	Rate
_____	_____	_____
_____	_____	_____
Additional Services (Editing/Proofreading)	_____	_____

Subtotal: $_____
Tax/VAT: $_____

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Bank Name: _____
IBAN/Account #: _____
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Payment Terms: Net ____ Days