INVOICE

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

INVOICE # [001]
DATE: [Date]
DUE DATE: [Date]

BILL TO:

[Client Name]
[Company Name]
[Client Address]
[Tax ID/VAT if applicable]

PROJECT REFERENCE:

[Project Name/Code]
[Source Language] to [Target Languages]

Description of Services	Units (Hours/Words)	Rate	Amount
Localization Project Management / Coordination	[Qty]	$[0.00]	$[0.00]
Linguistic QA & Vendor Management	[Qty]	$[0.00]	$[0.00]
TMS Setup & Technical Preparation	[Qty]	$[0.00]	$[0.00]

Subtotal: $[0.00]

Tax/VAT ([0]%): $[0.00]

Total Due: $[0.00]

Payment Instructions:
Bank Name: [Name] | SWIFT/BIC: [Code] | Account/IBAN: [Number]
PayPal: [Email Address]

Thank you for your business.