LANGUAGE AGENCY NAME

123 Translation Lane, Suite 100
Global City, GC 54321
contact@agency.com

INVOICE

No: [Invoice #]
Date: [Date]

CLIENT:

[Client Name]
[Company Name]
[Address Line 1]
[Address Line 2]

PROJECT DETAILS:

Project Ref: [Reference]
Language Pair: [Source] to [Target]
Due Date: [Date]

Description of Services	Units (Words/Hrs)	Rate	Total
Translation Services - [Document Name]	0,000	0.00	0.00
Proofreading / Editing	0,000	0.00	0.00
Desktop Publishing (DTP)	0.00	0.00	0.00

Subtotal: $0.00

Tax (0%): $0.00

Total Due: $0.00

Payment Terms: Net 30 days. Please make checks payable to **Language Agency Name**.

Bank Details: SWIFT/BIC: [Code] | IBAN: [Number] | Account: [Number]