# INVOICE

No: [Invoice Number]
Date: [Date]

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

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**BILL TO:**
[Client Name]
[Company Name]
[Client Address]

**EVENT DETAILS:**
Event: [Event Name]
Date: [Event Date]
Language Pair: [Source] > [Target]

| Description of Services | Quantity/Hours | Rate | Amount |
|---|---|---|---|
| Simultaneous Interpretation (Half-Day/Full-Day/Hourly) | [Qty] | $[0.00] | $[0.00] |
| Equipment Rental (Booths, Headsets, Transmitters) | [Qty] | $[0.00] | $[0.00] |
| Travel & Per Diem (If applicable) | [Qty] | $[0.00] | $[0.00] |

Subtotal: $[0.00]
Tax ([0]%): $[0.00]

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**Total Due: $[0.00]**

**PAYMENT INSTRUCTIONS:**
Bank Name: [Name] | Account No: [Number] | SWIFT/IBAN: [Code]
Payment Terms: [e.g., Net 30 Days]