TRANSLATION INVOICE

[Your Name/Agency Name]
[Tax ID / VAT Number]
[Street Address]
[City, State, Zip]
[Email / Phone]

Invoice #: [0000]
Date: [Date]
Due Date: [Date]
PO Number: [Reference]

Client:

[Client Company Name]
[Contact Person]
[Client Address]
[Client Email]

Project Specifications:

Industry: [e.g., Medical, Legal, Technical]
Language Pair: [Source] to [Target]
CAT Tool Used: [Software Name]

SERVICE DESCRIPTION	UNIT TYPE	QUANTITY	RATE	AMOUNT
[Project Title/File Name] SPECIALIZED TRANSLATION	Words	[0,000]	[0.00]	[0.00]
Technical Review / Proofreading QA	Hours	[0.0]	[0.00]	[0.00]

SERVICE DESCRIPTION	UNIT TYPE	QUANTITY	RATE	AMOUNT
Glossary Creation & Terminology Mining	Flat Fee	1	[0.00]	[0.00]
DTP / Layout Formatting	Pages	[0]	[0.00]	[0.00]

Subtotal: [0.00]
Tax ([0]%): [0.00]
Total Amount Due: [Currency] [0.00]

Payment Instructions:
Bank Name: [Name] | SWIFT/BIC: [Code] | IBAN/Account: [Number]
PayPal/Digital: [Address]
Please include Invoice Number in payment reference.