INVOICE

#INV-000

Your Name / Studio
Email: your@email.com
Address Line 1

BILL TO

Client Name / Production Co.
Contact Person
Client Address

DETAILS

Date Issued: Month DD, YYYY
Payment Due: Month DD, YYYY
PO Number: _____

MEDIA TITLE / FILE NAME	DURATION (MM:SS)	RATE / MIN	TOTAL
Project Alpha - Episode 01 Transcription	00:00	$0.00	$0.00
Project Alpha - Subtitle Timing & QC	00:00	$0.00	$0.00
Translation (Source to Target)	00:00	$0.00	$0.00

Subtotal $0.00
Tax (0%) $0.00
Total Amount $0.00 USD

PAYMENT INFORMATION

Bank Name: _____
SWIFT/BIC: _____
Account Number / IBAN: _____

Thank you for your business.