INVOICE

Service Provider:
[Your Name/Company Name]
[Street Address]
[City, Country, Zip]
[Email/Phone]

Invoice #: [0000]
Date: [Date]
Due Date: [Date]

Bill To:
[Client Name]
[Company Name]
[Street Address]
[City, Country, Zip]
Project Details:
Project Name: [Project Title]
Purchase Order: [PO Number]
Currency: [USD/EUR/GBP]

Service Description (Source/Target Language)	Quantity (Mins/Words)	Rate	Amount
[Transcription: Language A]	[00.00]	[0.00]	[0.00]
[Translation/Subtitling: Language A to B]	[00.00]	[0.00]	[0.00]
[Time-Coding / Formatting]	[00.00]	[0.00]	[0.00]

Subtotal: 0.00
Tax/VAT (%): 0.00

Total Amount: 0.00

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

Thank you for your business.