INVOICE

Agency Name
123 Translation Way
City, State, Zip
email@agency.com

Invoice #: _____

Date: _____

Due Date: _____

BILL TO:

Client Name/Company
Address Line 1
City, State, Zip
Contact Email

PROJECT DETAILS:

Project Name: _____
PO Number: _____
Language Pair: _____

Description of Services	Quantity (Words/Hours)	Rate	Total
Translation Services: _____			
Editing/Proofreading: _____			
Desktop Publishing / Formatting			

Description of Services	Quantity (Words/Hours)	Rate	Total
Project Management Fee			

Subtotal: $ _____
Tax (%): $ _____

GRAND TOTAL: $ _____

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

Thank you for your business.