INVOICE

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

Invoice #: [0001]
Date: [Date]
Due Date: [Date]

BILL TO:

[Client Name/Company]
[Department/Contact Person]
[Street Address]
[City, State, Zip]

ASSIGNMENT DETAILS:

Language Pair: [Source] to [Target]
Service Type: [Simultaneous / Consecutive]
Venue/Ref: [Event Name or Case #]

Date	Description of Services	Rate/Unit	Qty/Hours	Total
[MM/DD/YY]	Interpreting Services: [Subject Matter]	$[0.00]	[0.0]	$[0.00]
[MM/DD/YY]	Travel Fee / Expenses	$[0.00]	[1]	$[0.00]

Subtotal: $[0.00]
Tax: $[0.00]

Amount Due: $[0.00]

Payment Instructions:
Please make checks payable to [Name] or pay via [Bank/PayPal/Zelle Info].
Thank you for your professional partnership.