INVOICE

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

Invoice #: _____
Date: _____
Due Date: _____

BILL TO:

[Client Name]
[Company Name]
[Client Address]

EVENT DETAILS:

Event: [Event Name]
Language Pair: [Source] to [Target]
Location: [On-site/Remote Platform]

Service Description	Date	Rate Type (Hourly/Daily)	Qty/Units	Amount
Simultaneous Interpretation Services				
Equipment Rental (Booth/Headsets)				
Travel/Subsistence Expenses				

Subtotal: _____

Tax: _____

TOTAL DUE: _____

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

Thank you for your business.