

RECEIPT

TRANSLATION SERVICES

Receipt No: _____

Date: _____

TRANSLATOR / AGENCY

NAME

ADDRESS

EMAIL

PHONE

CLIENT

NAME

COMPANY

ADDRESS

EMAIL

| DESCRIPTION / PROJECT NAME | SOURCE -> TARGET | UNIT QTY | RATE | TOTAL |
|----------------------------|---------------------|----------|------|-------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

PAYMENT METHOD

- Bank Transfer
- Credit Card
- PayPal
- Other

Subtotal: _____

Tax / VAT: _____

Total Paid: _____

AUTHORIZED SIGNATURE

DATE RECEIVED