

INVOICE

BILL TO

Invoice Number: _____

Date of Issue: _____

Due Date: _____

PO Number: _____

Project Reference: _____

SERVICE DESCRIPTION	SOURCE LANG.	TARGET LANG.	UNIT / QTY	UNIT RATE	AMOUNT
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Subtotal: _____

Tax / VAT: _____

Total Due: _____

PAYMENT METHOD

Bank Name: _____

Account Holder: _____

IBAN / Account #: _____

BIC / SWIFT: _____

ADDITIONAL DETAILS

Tax ID / VAT #: _____

Payment Terms: _____

Currency: _____
