

# INVOICE

TRANSLATION SERVICES

Invoice No:

Date:

Due Date:

PO Number:

## TRANSLATOR / AGENCY

## BILL TO

PROJECT / DOCUMENT DESCRIPTION	SOURCE LANG.	TARGET LANG.	WORD COUNT	RATE / WORD	TOTAL

Subtotal: \_\_\_\_\_

Tax / VAT: \_\_\_\_\_

**Total Due:** \_\_\_\_\_

## PAYMENT INSTRUCTIONS

Bank Name:

IBAN / Acct:

BIC / SWIFT:

OTHER METHODS / NOTES

