

Medical Translation Project Invoice

From:
MedTrans Solutions
123 Health Lane
City, State ZIP
Email: info@medtrans.com

To:

Email:

Invoice #	Date	Due Date
<div></div>	<div></div>	<div></div>

Project Details

Service Description	Source Language	Target Language	Word Count	Rate per Word	Amount
<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>

Total:

Notes

Please make payment to:

Bank Name:

Account Number:

SWIFT Code: