

Medical Translation Invoice

From:
Medical Translation Services
123 Health Ave, Suite 456
Metro City, State, 12345
Email: contact@medtrans.com

To:

Invoice #:
Date:

Description	Source Language	Target Language	Words	Rate (per word)	Amount
<input type="text"/>					
<input type="text"/>					

Subtotal:
Tax (%):
Total:

Payment Terms:

Authorized Signature:

Thank you for choosing Medical Translation Services!