

Freelance Translation Services Invoice

From:

Name:

Address:

Email:

Phone:

To:

Client Name:

Client Address:

Client Email:

Client Phone:

Invoice Number:

Date of Issue:

Due Date:

#	Description	Source Language	Target Language	Word Count	Rate per Word	Amount
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total:						<input type="text"/>

Payment Details / Notes:

Thank you for your business!