FREELANCE TRANSLATOR INVOICE

		DE.	TAILS			
		DATE:		_		
		TEF	RMS:			
		TRA	ANSLATOR:		_	
			TRANSLATING FROM:			
		TRANSLATING TO:				
FROM		BILL TO				
COMPANY:		COMPANY:				
ATTN:		ATTN:				
	STREET ADDRESS:		STREET ADDRESS:			
	TY, STATE:	CITY, STATE:				
ZIP CODE:		ZIP CODE:				
PHONE:		PHONE:				
E-MAIL:		E-MAIL:				
	DESCRIPTION		HOURS	RATE (\$/HR)	AMOUNT (\$)	
	NOTES:			SUBTOTAL DISCOUNT TAX/VAT TOTAL		

THANK YOU FOR YOUR BUSINESS

