

Contractor Invoice For Translation

Invoice # _____

Bill To:

THE TRANSLATION & INTERPRETING CENTER

P.O. Box 18975

Denver, CO 80218

Voice: 303-996-0976

Fax: 303-996-0974

Email: info@ticenterdenver.com

From:

Name: _____

Address: _____

Phone: _____

Email: _____

Date : _____

Date of Services	Description of Services	Rate of Pay	Number of Pages/Words	Amount Owed
	Translation Service: Document Name: _____ _____	\$ _____	X _____	=\$ _____
			TOTAL	\$ _____