Mr/Mrs [Enter Full Name]
[Enter Full Address] Mob.: Tel.:

E-mail:

Invoice No			Invoice date:				
Check be made to & where the money transfer should go:							
Mr/	Mrs [Enter Fu	ıll Name]					
Sort	k Name: Code: ount Number:						
Interpreting Services							
For the attention of:			Faigk Israf rector T Services ambridge Co Shepherds I	Ltd ourt	Tel: +44 (0) 2033719860 Mob: +44 (0) 7930322863 E-mail: <u>info@ftslondon.co.uk</u> NJ Web.: <u>www.ftslondon.co.uk</u>		
Assi	gnment Refer	ence:					
Desc	cription:		Amount (t (£):	
Payr	nent for interp	reting services	s is calcula	ated as follow	vs:		
Job No	Our Ref.	Total Interpreting Time	Total Waiting Time	Travel Time	Transport Costs	Specific Notes	Total Money Claimed
						In Total	
			•				•
Signature:					Date:		