

Expense Invoice

Vendor Name: ACME Professional Services
Address: 987 Main Street, Cityville, ST
12345
Email: billing@acmeprosvc.com
Phone: (555) 123-7890

Invoice No.: INV-2024-0512
Date Issued: 2024-06-12
Due Date: 2024-06-22
Client ID: CLT-451

Bill To:

XYZ Solutions Inc.
1020 Corporate Ave., Business City, XY 54321

#	Description of Service/Expense	Date	Qty/Hrs	Unit Cost	Total
1	Consulting Services	2024-05-25	8 hrs	\$75.00	\$600.00
2	Travel - Mileage	2024-05-25	120 miles	\$0.65	\$78.00
3	Hotel Accommodation	2024-05-25	1 night	\$110.00	\$110.00
4	Stationery Supplies	2024-05-26	1	\$22.00	\$22.00
					Subtotal \$810.00
					Tax (5%) \$40.50
					Total Due \$850.50

Payment Instructions: Please make payment to ACME Professional Services within 10 days by bank transfer to ACME Bank, Account No. 123456789.

Authorized by: _____
Date: _____

Important Notes:

- Attach supporting receipts and documentation with the invoice for all reimbursable expenses.
- Ensure all details, such as dates and descriptions, accurately reflect the services provided.
- Confirm applicable tax rates based on local regulations before issuing the invoice.
- Late payment may be subject to additional charges as outlined in your service agreement.
- Retain a copy of the signed invoice for your records.