

# 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.