

Company Name

123 Corporate Ave, Suite 500

City, Country

Phone: (123) 456-7890

Email: contact@company.com

Expense Invoice #: INV-2024-001

Date of Submission: 2024-06-20

Period Covered: May 2024

Detailed Expense Invoice for Reimbursement

Submitted By:

John Doe

Department: Sales

Employee ID: 009876

Email: john.doe@company.com

Recipient:

Finance Department

Company Name

finance@company.com

Date	Expense Category	Description	Vendor	Receipt #	Amount (USD)
2024-05-03	Travel	Taxi from airport to hotel	City Taxi Co.	TX-1234	35.00
2024-05-04	Meals	Business lunch with client	Bistro Cafe	RCPT-9876	42.50
2024-05-05	Accommodation	Hotel stay (2 nights)	Grand Hotel	HOT-2233	240.00
2024-05-06	Office Supplies	Print materials for workshop	PrintWorks	PW-0055	18.75
Total Amount Claimed					336.25

Important Notes:

- Attach all original receipts for each expense item listed for processing.
- Each expense must comply with company reimbursement policy and approval limits.
- Incomplete or inaccurate information may delay reimbursement.
- All expenses should be submitted within 30 days of incurring the expense.
- Please keep a copy of this invoice and receipts for your records.