

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.