

Company Name

123 Main Street
City, State ZIP
Phone: (123) 456-7890
Email: hr@company.com

Expense Reimbursement Invoice

Invoice No.: ER-2024-001
Date: 2024-07-01

Employee Information

Name: John Smith **Employee ID:** 100254
Department: Marketing **Email:** john.smith@email.com

Expense Details

Date	Description	Category	Amount
2024-06-15	Flight to client meeting	Travel	\$320.00
2024-06-16	Hotel accommodation	Lodging	\$150.00
2024-06-16	Client lunch	Meals	\$45.00
Total			\$515.00

Bank Details for Reimbursement

Bank Name: Bank of Example **Account Number:** 123456789
Account Name: John Smith **IFSC/SWIFT Code:** BOE12345

Employee Declaration

I hereby declare that the above expenses were incurred for official purposes, and I have not claimed reimbursement for these expenses previously.

Signature: **Date:** 2024-07-01

Important Notes

- Original receipts and supporting documents must be attached with this invoice for processing.
- Ensure all expenses comply with company reimbursement policies.
- Incomplete forms or missing evidence may delay the reimbursement process.
- Submit this form to the accounts/payroll department promptly after the expense is incurred.