

Reimbursement Invoice

Invoice No.:
INV-2024-0185

Date:
2024-06-20

Service Provider

Name:
Jane Smith
Company Name:
JSmith Consulting LLC
Address:
21 Park Avenue, Cityville, State, ZIP
Contact:
jane@jsmithco.com, 555-123-4567

Billed To

Client Name:
Acme Global Ltd
Contact Person:
Michael Johnson
Address:
50 Main St, Suite 14, Metropolis, State, ZIP

Service & Reimbursement Details

Description	Service Date	Hours/Units	Rate/Unit	Amount
Consulting Services	2024-06-13	8	\$120.00	\$960.00
Reimbursable: Travel - Local Transit	2024-06-13	1	\$18.00	\$18.00
Reimbursable: Lunch with Client	2024-06-13	1	\$29.00	\$29.00
Subtotal				\$1,007.00
Total Due				\$1,007.00

Payment Information

Bank Name:
First National Bank
Account Name:
Jane Smith / JSmith Consulting LLC
Account No.:
0002345678
Payment Due:
Within 14 days

Important Notes

- Attach original receipts for all reimbursable expenses.
- Clearly separate service fees and reimbursements in the invoice.
- Ensure reimbursement requests comply with the client's policies.
- Payment terms and reimbursement documentation should be agreed in advance.
- Keep copies of all submitted invoices and receipts for your records.

