

# Expense Reimbursement Invoice

For NGO Staff

Employee Name

Employee ID

Department/Project

Date

No.	Date	Description	Category	Amount (USD)
<b>Total Amount Claimed</b>				

Bank Name

Account Number

Branch/IFSC

Staff Signature

Supervisor Approval

Finance Verification

**Notes:**

- Attach all relevant bills/receipts with this invoice.
- Ensure all details are filled before submission.