

Corporate Travel Services

Billing Template

Document Date: ____ / ____ / ____
Invoice #: _____

Billed To:

Company Name: _____
Contact Person: _____
Address: _____
City, State, ZIP: _____
Email/Phone: _____

Travel Services Provider:

Provider Name: _____
Contact: _____
Address: _____
Email/Phone: _____

| # | Traveler Name | Travel Description | Travel Dates | Reference/PO # | Service Cost | Tax/Fees | Total |
|-------------------|---------------|--------------------|--------------|----------------|--------------|----------|-------|
| 1 | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| 2 | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| 3 | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| Subtotal | | | | | | _____ | |
| Other Adjustments | | | | | | _____ | |
| Grand Total | | | | | | _____ | |

Notes / Special Instructions:
