

# 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:**

\_\_\_\_\_

\_\_\_\_\_