

Itemized Travel Expense Invoice

Agency Name:

Contact Person:

Address:

Phone / Email:

Invoice No.:

Date of Issue:

Billing To:

Project / Reference:

Travel Expense Details

#	Date	Traveler Name	Purpose / Destination	Expense Type	Description	Amount
1	_____	_____	_____	_____	_____	_____
2	_____	_____	_____	_____	_____	_____
Total						_____

Notes / Additional Information:

Authorized Signature:
