

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: _____

Date: _____