

# REIMBURSEMENT INVOICE

Date:  
Invoice #:

**Payee Details (Claimant):**

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Department: \_\_\_\_\_

Bill To:  
Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date Purchased	Digital Content Description	Platform/Provider	Amount

**Total Reimbursement Amount: \$ \_\_\_\_\_**

Notes / Business Justification:

Claimant Signature:  
Approval Signature: