

REIMBURSEMENT INVOICE

Invoice #: _____

Date: _____

Transaction Record

Payee Details (Claimant):

Name: _____

Email: _____

Department: _____

Reimbursement To:

Company Name: _____

Address: _____

Project/Code: _____

Transaction Date	Ebook Title / Platform	Order ID	Price

Subtotal: \$ _____

Tax/VAT: \$ _____

Total Reimbursement Amount: \$ _____

Reason for Purchase:

Claimant Signature

Manager Approval

Note: Please attach original digital receipts or transaction screenshots to this document.