

CORPORATE TRAVEL MGMT

INVOICE

#INV-000000
Date: 00/00/0000

CLIENT / BILL TO

Company Name
Department / Cost Center
Street Address
City, State, Zip

REMIT TO

Travel Agency Partners
123 Business Way
Financial District
contact@traveltmgmt.com

| TRAVELER / DESCRIPTION | BOOKING REF | TYPE | DATE RANGE | AMOUNT |
|---|-------------|---------------|---------------|--------|
| Lastname, Firstname AIR Long-haul Flight - NYC to LON | PNR: XJ92K | International | 00/00 - 00/00 | 0.00 |
| Lastname, Firstname HOTEL Executive Suite (4 Nights) | CONF: 88291 | Lodging | 00/00 - 00/00 | 0.00 |
| Lastname, Firstname CAR Premium Sedan Rental | RES: 4421 | Transport | 00/00 - 00/00 | 0.00 |
| Management Fee Service & Transaction Processing | --- | Fee | --- | 0.00 |

Subtotal: \$0.00
Tax / VAT: \$0.00
Total Due (USD): \$0.00

Terms: Net 30. Please include invoice number with your ACH or wire transfer.

Travel Policy Compliance: All items above have been verified against corporate travel guidelines.