

# INVOICE

Agency/Company Name

Address Line 1

City, State, Zip

Invoice #: \_\_\_\_\_

Date: \_\_\_\_\_

PO #: \_\_\_\_\_

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## BILL TO:

Client/Department Name

Contact Name

Billing Address

## TRAVELER DETAILS:

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

Employee ID: \_\_\_\_\_

Purpose: \_\_\_\_\_

Flight Date	Description (Route/Carrier)	Class	Ticket Number	Amount
	Outbound:			
	Return:			
	Booking/Service Fees	-	-	
Subtotal: \$0.00				
Taxes & Surcharges: \$0.00				
<hr/> <b>Total Amount Due: \$0.00</b>				

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**Payment Instructions:**

Please remit payment within 30 days. Make checks payable to [Company Name].

Bank Transfer: [Bank Name] | SWIFT: [Code] | Account: [Number]