TRAVEL INVOICE

Cultural Exchange Program ID: _____

Invoice #: _____
Date: _____

Organization / Billing To:

_____
_____
_____

Participant Details:

Name: _____
Passport #: _____
Destination: _____

Description of Travel Services	Quantity	Unit Price	Total
International Airfare (Round Trip)			
Visa Processing & SEVIS Fees			
Cultural Orientation & Materials			
Travel Insurance Premium			
Local Ground Transportation			

Subtotal: _____
Taxes/VAT: _____

Grand Total: _____

Payment Terms & Notes:

Please make all checks payable to [Organization Name]. Payments via wire transfer should include the Participant ID as a reference. All exchange rates are calculated based on the date of issuance.