GUEST/VISITOR REIMBURSEMENT INVOICE - **Do Not Use For Services**

Company/Individual Name _____

Address _____

Address _____

City, State, Zip _____

Country _____

Invoice Date:

Invoice Number (format mm/dd/yy Reimbursement):

DESCRIPTION	AMOUNT
Airfare	
Hotel/Lodging	
Car Rental	
Meals	
Mileage (# miles x IRS rate)	
Entertainment	
Other	
Total	0.00

Currency to be paid _____

Notes: