INVOICE

Invoice no: 01234

Issued to: Olivia Wilson Issued On: 2025-07-12



Patient ID:	PTØØ2	
Patient Name:	Olivia Wilson	
Study:	Eli Lilly Trailblazer – AACO	
Visit Date:	2025-06-25	
Transport Method:	Саг	
Distance:	18 km	
Duration:	2 hours	

KM Reimbursement (\$0.44/km):	\$ 7.92
Meal Allowance (>3 hours):	\$ 0.00
TOTAL REIMBURSEMENT:	\$ 7.92

Payment info:

Bank Name: CommBank

Account No: 0123 4567 8901

BSB: 066-212

Account Name: Olivia Wilson

Helen Cooper

Finance Manager