

# INVOICE

INVOICE # XX001

DATE:

Name:

Phone:

Address:

Email:

**Bill To:**

TMPA/SAFVIC  
6200 La Calma, Ste. 200  
Austin, TX 78752

**For:**

SAFVIC  
Dates:  
Location:

DESCRIPTION OF ACTIVITY	AMOUNT TO BE REIMBURSED	IN-KIND MATCH
SAFVIC 3-day Travel to [Aus] from [Dallas], [392] miles @ \$0.575/mile (Roundtrip) Meals (per diem: \$46.00/day) Original receipts attached.	\$850.00 \$225.40 \$47.21	
<b>Other:</b> Hotel (state rate \$85.00/night) 3 nights-receipt attached. Laptop rental/depreciation Projector rental/depreciation Facility		\$50.00 \$50.00 \$200.00
<b>TOTAL:</b>	\$1,122.61	\$300.00

Please make all checks payable to [Insert Name], for total amount and send to the address at the top of this form. If you have any questions concerning this invoice, please call or email.

**\*Please note: You must travel a minimum of 50 miles one way in order to be reimbursed for mileage, per diem, and lodging.**