**INVOICE**

**(Reimbursement Claim of Project Costs)**

|  |  |
| --- | --- |
| **Date:** | |
|  | |
| **APEC Secretariat**  35 Heng Mui Keng Terrace  119616 Singapore  Tel +65 6891 9600  Fax +65 6891 9690  **Attention: [Name of the Program Director]** | |
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|
| **Project Code** |  | | |
| **Project Title** |  | | |
| **Date(s) of Event** |  | | |
| **Venue (City) of Event** |  | | |
| **Name of Service Provider** | **(*If service provider is a third party;*** e.g. Sofitel Luxury Hotels**)** | | |
| **Amount Paid to the Service Provider** | ***(In original currency)*** | | ***(Equivalent USD)*** |

I confirm that the service have been satisfactorily provided and completed. We have paid the amount to the service provider and now we are requesting for reimbursement. The costs being billed are true and correct and reimbursement has not been previously made.

|  |  |
| --- | --- |
| **Description of Costs Incurred for Reimbursement** | **Amount** |
| 1. *(e.g. Room rental)* |  |
|  |  |
|  |  |
|  |  |
| **Total** | **US$** |

Please arrange for the telegraphic transfer of the payment into this account:

|  |  |
| --- | --- |
| Name of account holder |  |
| Name of bank |  |
| Bank account number |  |
| Bank branch |  |
| Bank/branch address |  |
| Swift Code/ABA/CLABE |  |
| Intermediary bank (if applicable) |  |
| Address of Intermediary bank (if applicable) |  |
| Intermediary Swift code/ABA (if applicable) |  |

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| --- | --- | --- | --- |
|  |  | |  |
| Signature and name in print (appropriate officer in finance) | |  | Date |