

Corporate Travel Insurance

Payment Receipt

Receipt No: TRV-INS-2024-0542

Date Issued: 2024-06-26

Company Name: Example Corporation Ltd.

Contact Person: Jane Doe

Policy No: CORP-99202245

Coverage Period: 2024-07-01 to 2024-07-14

Insured Employees

Name	Employee ID	Destination	Duration
Lucas Martin	EM24511	Germany	14 days
Sarah Lin	EM24512	Germany	14 days

Payment Details

Payment Date	2024-06-25
Payment Method	Bank Transfer
Transaction ID	BNK-TXN-8763211
Policy Premium	\$340.00
Taxes & Fees	\$30.60
Total Paid	\$370.60

Insurer: Apollo Insurance Group

Address: 101 Business Road, City, Country

Contact: +1 234 567 890 | info@apolloinsurance.com

This is a system-generated receipt and does not require a signature.