

# Vendor Bill Verification Sheet

## Vendor Details

Vendor Name		Contact Person	
Vendor Address			
Bill Number		Bill Date	

## Bill Details

Item Description	Quantity	Unit Price	Total Amount
<b>Grand Total</b>			

## Verification Checklist

Verification Item	Status	Remarks
Bill matches Purchase Order	<input type="checkbox"/>	
Price as per agreed terms	<input type="checkbox"/>	
Goods/Services Received	<input type="checkbox"/>	
Supporting Documents Attached	<input type="checkbox"/>	

## Additional Comments

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## Verified By

Name		Date	
Signature			