

Vendor Bill Verification Sheet

Vendor Details

| | | | |
|----------------|----------------------|----------------|----------------------|
| Vendor Name | <input type="text"/> | Contact Person | <input type="text"/> |
| Vendor Address | <input type="text"/> | | |
| Bill Number | <input type="text"/> | Bill Date | <input type="text"/> |

Bill Details

| Item Description | Quantity | Unit Price | Total Amount |
|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Grand Total | | | <input type="text"/> |

Verification Checklist

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

Additional Comments

Verified By

| | | | |
|-----------|----------------------|------|----------------------|
| Name | <input type="text"/> | Date | <input type="text"/> |
| Signature | <input type="text"/> | | |