

Invoice Submission Sheet

Vendor Information

Vendor Name:	<input type="text"/>
Contact Person:	<input type="text"/>
Phone Number:	<input type="text"/>
Email:	<input type="text"/>

Invoice Details

Invoice Number	Invoice Date	Amount	Description
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Supporting Documents Attached

☐ Copy of Invoice

☐ Delivery Receipt

☐ Others (please specify):

Submitted By:	<input type="text"/>	Date:	<input type="text"/>
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