

# Invoice Verification Sheet

## Invoice Details

Invoice Number	<input type="text"/>	Date	<input type="text"/>
Vendor Name	<input type="text"/>		

## Itemized Verification

No.	Description	Qty	Unit Price	Total	Status/Remarks
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## Summary

Subtotal	<input type="text"/>
Tax	<input type="text"/>
Total Amount	<input type="text"/>

Verified By: <input type="text"/> (Name & Signature)	Date: <input type="text"/>
--	-------------------------------