

# Vendor Expense Receipt

Receipt No: 2024-00123

Date: 2024-06-18

**Vendor Name:** Acme Office Supplies

**Vendor Address:** 123 Market Road, Springfield, NY 12345

**Contact:** (555) 123-4567 | info@acme.com

**Billed To:** Beta Solutions LLC

**Billing Address:** 456 Elm Street, Shelbyville, NY 54321

**Payment Method:** Bank Transfer

## Expense Details

Description	Date	Qty	Unit Price	Amount
Office Chair	2024-06-15	2	150.00	300.00
Printer Ink Cartridge	2024-06-15	4	40.00	160.00
Delivery Fee	2024-06-15	1	25.00	25.00
Total				485.00

**Notes:** Payment is due within 30 days from receipt date.

Vendor Signature

Recipient Signature

## Important Notes

- This receipt serves as official proof of expenses incurred with the vendor listed.
- Ensure all details are accurate and that both parties retain a signed copy for record-keeping.
- Receipt must specify items, quantities, and total amounts for proper accounting.
- Signatures from both vendor and recipient are required for validation.
- Keep this document for tax and audit purposes.