

# Supplier Bill for Expense Claim

## Supplier Details

**Name:** ABC Supplies Co.

**Address:** 12 Market Lane, Cityville, Country

**GSTIN:** 12ABCDE3456Z7Q

**Email:** info@abcsupplies.co

## Bill Details

**Bill No.:** SB-2024-0923

**Date:** 2024-06-25

**Claimed By:** Jane Doe

**Reference:** Expense Claim #768

S/N	Description of Expense	Quantity	Unit Price	Total (â,¹)
1	Office Stationery	5	200	1,000
2	Printer Cartridge	2	1,500	3,000
3	Courier Charges	1	300	300

Subtotal  
â,¹ 4,300

GST (18%)  
â,¹ 774

**Grand Total**  
â,¹ 5,074

## Authorized By:

Signature & Date

## Supplier Stamp / Signature:

Signature & Date

## Important Notes

- This document is used for claiming expenses incurred from supplier purchases.
- Ensure all bills are attached and details are accurate.
- Supplier GSTIN and invoice details are required for tax compliance.
- Do not alter or overwrite any fields after approval.
- Retain a copy for your accounting records.