

Invoice Submission Format (Office Supplies)

Supplier Name: _____

Invoice Number: _____

Date: _____

Supplier Address:

Contact: _____

Office/Department Details

Office/Department Name:

Requested By:

Itemized Office Supplies

#	Description	Unit	Quantity	Unit Price	Total
1					
2					
3					
Grand Total					

Prepared By:

(Signature & Name)

Received By:

(Signature & Name)

Authorized By:

(Signature & Name)

Important Notes:

- All invoices must be accompanied by approved purchase orders and delivery receipts.
- Ensure each item and price is accurate and matches supporting documents.
- Submit invoices within the specified billing cycle to avoid payment delays.
- Keep a copy for your records before submitting to the finance department.
- Incomplete or illegible submissions may be returned for correction.