

Corporate Food Bill Attachment

Date: _____

Company Name: _____

Event/Meeting Name: _____

Date & Time of Event: _____

Location: _____

Attendees: _____

Food Bill Details

#	Description	Vendor	Quantity	Rate	Amount
1	Lunch Buffet	Foodies Caterers	20	500	10,000
2	Beverages	Fresh Drinks Co.	20	100	2,000
				Total	12,000

Attachment Checklist

Original Bill/Invoice Attached: ☐ Yes ☐ No

Attendance Sheet Attached: ☐ Yes ☐ No

Approval Email/Note Attached: ☐ Yes ☐ No

Prepared By

Date:

Verified By

Date:

Approved By

Date:

Important Notes:

- Ensure all bills are original and not duplicate copies.
- Attach attendance list for audit and verification purposes.
- Prior approval from authorized manager is mandatory for reimbursement.
- Any incomplete or missing attachments may delay the processing.
- All details should be filled in clearly and accurately.