

Employee Bill Submission Cover Sheet

Employee Information

Name	_____
Employee ID	_____
Department	_____
Designation	_____
Date of Submission	____ / ____ / ____

Bill Details

S. No.	Bill Type	Bill Number	Bill Date	Amount	Description
1.	_____	_____	____ / ____ / ____	_____	_____
2.	_____	_____	____ / ____ / ____	_____	_____
3.	_____	_____	____ / ____ / ____	_____	_____
Total Amount				_____	

Employee Signature

Date: ____ / ____ / ____

Authorized Official's Signature

Date: ____ / ____ / ____

Important Notes

- Please attach all original bills/receipts with this cover sheet.
- Incomplete forms may result in delayed processing or rejection.
- Bills must be submitted within the prescribed claim period as per company policy.
- Ensure all entered details are accurate and legible.
- Approval by the authorized official is mandatory before submission to accounts.