OFFICE UTILITY BILLS TRACKING SHEET

OFFICE LOCATION / DEPARTMENT _____

BILLING PERIOD _____

PREPARED BY _____

TOTAL BUDGET ALLOCATION

TOTAL ACTUAL SPEND

TOTAL VARIANCE

PENDING PAYMENTS

BILLING DATE	UTILITY TYPE	SERVICE PROVIDER	ACCOUNT / INVOICE #	DUE DATE	AMOUNT DUE	PAYMENT DATE	REFERENCE / STATUS

NOTES / REMARKS

VERIFIED BY (SIGNATURE & DATE)