

IT VENDOR SERVICE FEES

EXPENSE CLAIM & INVOICE TEMPLATE

Date: _____
Ref / Invoice #: _____

VENDOR INFORMATION

Company: _____
Contact Person: _____
Email / Phone: _____
Address: _____

OFFICE / PROJECT INFORMATION

Department: _____
Cost Center: _____
Project Code: _____
Billing Period: _____

DATE	SERVICE CATEGORY	DESCRIPTION OF SERVICES RENDERED	HRS / QTY	UNIT RATE	TOTAL AMOUNT

Subtotal: _____
Tax / VAT: _____
Other Fees: _____
Grand Total: _____

SUBMITTED BY (IT MANAGER / LEAD)

Signature Date:

APPROVED BY (OPERATIONS / FINANCE)

Signature Date: