

Simplified Office Supplies Petty Cash Reimbursement

Date: Reference No.:

Requested By: Department:

Expense Details

Date of Purchase	Item Description	Quantity	Amount (â,±)
<input type="text"/>	<input type="text" value="e.g. Ballpoint Pens"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text" value="e.g. Printer Paper"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text" value="e.g. Sticky Notes"/>	<input type="text"/>	<input type="text"/>
Total:			<input type="text"/>

Purpose/Remarks:

Approval & Acknowledgment

Prepared By: Approved By:

Received By: Date Received:

Important Notes

- Always attach valid and original receipts for each claim.
- Claims must be submitted within the prescribed period set by your organization.
- This template is for minor office supplies expenses only; large or non-office items may require different procedures.
- Ensure all fields are completed and authorized before submission.
- Double-check total amount claimed to avoid discrepancies.