

Simplified Office Supplies Petty Cash Reimbursement

Date:

Reference No.: e.g. PC-2024-045

Requested By: Department:

Expense Details

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

Brief description of expense

Purpose/Remarks:

Approval & Acknowledgment

Prepared By: Name & Signature

Approved By: Name & Signature

Received By: Name & Signature

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.