

Office Supplies Expense Receipt Form

Receipt No.

e.g. 2024-001

Date

Employee Name

Full Name

Department

e.g. Admin

Itemized Office Supplies Purchased

Description	Qty	Unit Price	Total
e.g. A4 Paper (500 sheets)			
e.g. Ballpoint Pens (12-pack)			
Total Amount			

Vendor/Supplier Name

Name

Payment Method

e.g. Cash, Credit Card

Purpose/Remarks

Briefly state purpose

Requested by

Signature over Printed Name

Approved by

Signature over Printed Name

Important Notes

- Attach the original receipt(s) from the vendor or supplier.
- All information must be accurate and complete for reimbursement or audit purposes.

- This form must be signed by both the requester and the authorized approving officer.
- Retain a copy of this document for record-keeping and future reference.