

# Itemized Office Expense Reimbursement Form

Employee Name

Department

Submission Date

Expense Month

Manager's Name

Employee ID

## Expense Details

No.	Expense Description	Date	Category	Amount	Receipt Attached
1	Stationery purchase	2024-05-12	Supplies	\$24.50	Yes
2	Printer cartridge	2024-05-13	Supplies	\$42.30	Yes
3	Client meeting lunch	2024-05-15	Meals	\$65.00	Yes
4	Parking fee	2024-05-18	Transportation	\$8.00	No
				<b>Total</b>	<b>\$139.80</b>

Additional Comments / Explanation (if any)

Employee Signature

Date

Manager Approval

Date

## Important Notes

- Attach original receipts for each expense wherever possible.

- All expenses claimed should be valid business expenses as per company policy.
- Incomplete forms or missing documentation may delay reimbursement.
- Submit this form promptly, typically within the same month as expenses incurred.
- Obtain manager's approval before submission to accounting/finance.