

# Departmental Office Supply Reimbursement Invoice

For Internal Use

Department:	_____	Date:	___ / ___ / ____
Requestor Name:	_____	Employee ID:	_____
Contact Email:	_____	Contact Phone:	_____

## Reimbursable Items

#	Description of Item	Date Purchased	Qty	Unit Price	Total
1	_____	___ / ___ / ____	___	_____	_____
2	_____	___ / ___ / ____	___	_____	_____
3	_____	___ / ___ / ____	___	_____	_____
Grand Total					_____

Reason / Purpose for Reimbursement:

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Requestor's Signature & Date

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Department Head Approval & Date

### Important Notes

- Attach original receipts and relevant supporting documents for each item listed.
- Ensure all information provided is accurate and complete before submission.
- All reimbursements must comply with the organization's procurement and financial policies.
- Approval from the department head is mandatory before processing reimbursement.
- Incomplete forms or missing documents may result in processing delays.