

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:

Requestor's Signature & Date

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.