

Office Supply Reimbursement Invoice

Invoice Details

Invoice No.	OS-2024-045
Date Issued	2024-06-05
Period Covered	2024-05-01 to 2024-05-31
Employee Name	Jane Doe
Department	Administration
Contact Email	jane.doe@email.com

Supply Purchase Details

Date	Item Description	Vendor	Quantity	Unit Price	Total Cost	Receipt No.
2024-05-04	A4 Copy Paper (500 sheets)	OfficeMart	2	\$4.00	\$8.00	R-10234
2024-05-07	Black Ink Cartridges	InkWorld	3	\$15.00	\$45.00	R-10267
2024-05-10	Staplers	StapleSmart	1	\$6.00	\$6.00	R-10289
2024-05-16	Notepads (Pack of 5)	PaperZone	2	\$3.50	\$7.00	R-10315

Summary

Subtotal	\$66.00
Total Amount Requested	\$66.00

Declaration

I hereby declare that the above-mentioned expenses have been incurred for official office supply purposes and all the receipts attached are authentic.

Approvals

Requested By	Jane Doe	Date	2024-06-05
Supervisor Approval	Mark Smith	Date	2024-06-06
Finance Approval	Linda Wright	Date	2024-06-07

Important Notes:

- Include original or scanned receipts for every listed item.
- Ensure all items are approved office supplies per company policy.
- Submit the invoice within the prescribed reimbursement period.
- Incomplete documentation may delay reimbursement processing.

- For questions, contact the Finance Department.