

# Office Supply Reimbursement Invoice

**Employee Name**

John Doe

**Department**

Finance

**Invoice Number**

INV-2024-055

**Date**

2024-06-15

**Supervisor**

Jane Smith

**Contact Email**

john.doe@email.com

| #            | Item Description              | Date Purchased | Vendor           | Quantity | Unit Price | Total |
|--------------|-------------------------------|----------------|------------------|----------|------------|-------|
| 1            | A4 Printer Paper (500 sheets) | 2024-06-02     | OfficeMart       | 3        | 10.00      | 30.00 |
| 2            | Blue Gel Pens (Pack of 12)    | 2024-06-05     | Stationery Plaza | 2        | 5.75       | 11.50 |
| 3            | Stapler                       | 2024-06-08     | OfficeMart       | 1        | 8.00       | 8.00  |
| Total Amount |                               |                |                  |          |            | 49.50 |

Employee Signature

Date

Supervisor Approval

Date

**Important Notes:**

- Attach copies of purchase receipts to this invoice for verification.
- All items must comply with company office supply policies.
- The supervisor must review and approve the reimbursement request before submission to finance.
- Submit the completed invoice within 30 days of the date of purchase.
- Retain a personal copy of this document for your records.