

Office Supply Reimbursement Invoice

From:

Jane Doe
123 Maple Ave
Anytown, XX 12345
jane.doe@email.com

To:

ABC Corporation
456 Office Park
Workcity, YY 67890

Date: 2024-06-14

Invoice #: INV-0452

Itemized Office Supplies

Description	Date Purchased	Quantity	Unit Price	Total
Printer Paper (A4, 500 sheets)	2024-06-01	2	10.00	20.00
Blue Ballpoint Pens (Pack of 12)	2024-06-01	1	6.50	6.50
Sticky Notes (Pack of 5)	2024-06-03	3	4.00	12.00
Stapler	2024-06-08	1	12.99	12.99
Subtotal				51.49
Tax				3.09
Total Reimbursement				54.58

Payment Details

Please remit reimbursement to:

Bank: AnyBank

Account Name: Jane Doe

Account Number: XXXX-XXXX-1234

Preferred Method: Bank Transfer / Check

Important Notes:

- Attach copies or scans of all purchase receipts for verification.
- Ensure all items listed are eligible according to your company's reimbursement policy.
- Submit this invoice within 30 days of purchase to avoid delays.
- Contact your supervisor or finance department for questions regarding allowable items.