

# Office Supplies Reimbursement Form

## Employee Information

Full Name

Department

Email Address

## Purchase Details

Purchase Date

Vendor/Supplier

Purpose / Reason for Purchase

## Itemized Expenses

Item Description	Quantity	Unit Price	Total
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Total Amount Claimed

Approver Name

Employee Signature

Date Submitted

**Important Notes:**

- Attach original receipts or digital scans for all items claimed.
- Ensure all fields are completed accurately before submission.
- Only items purchased for business use are reimbursable.
- Claims should be submitted within the company's stated timeframe (e.g., 30 days after purchase).
- Approval from your supervisor or authorized personnel is required prior to reimbursement.